



PO Box 1220
 Sand Springs, OK 74063
 (918) 245-0262

CONFIDENTIAL QUESTIONNAIRE

Minister's Recommendation For Ministerial Certificate

I have known _____ for a period of _____ years.

I have known the applicant as a Minister Friend Relative Other _____

The relationship was Intimate Casual Professional

To the best of my knowledge and judgment the applicant is: (check one box in each line)

	Excellent	Good	Fair	Questionable	Poor
In Christian life and testimony	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
In ability to minister	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
In conduct and moral attitude	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
In accepting responsibility	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
In meeting financial obligations	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
In personal appearance	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
In family relationships	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
In physical fitness	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

In your opinion does the applicant exhibit a "call" to the ministry? Yes No

To your knowledge has the applicant ever been involved in heresy? Yes No

Explain _____

Would you recommend the applicant for membership in the Life Ministerial Fellowship International without reservation? Yes No

Comments _____

Date _____

Signature _____

LMFI ID# _____

Address _____

City, State, Zip _____