



Ministerial Fellowship International
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CONFIDENTIAL QUESTIONNAIRE

Personal Reference For Licensing or Ordination

Please complete this form carefully. Your comments will be given serious consideration. All comments will be held in the strictest confidence. This form should be returned to the office of L.M.F.I.

Name of Applicant _____

Your Name _____

Are you a Minister? No Yes Licensed Ordained

Organization _____

How long have you known this person? _____ years

Has your relationship been: Very Close Close Casual

What has been the nature of your acquaintance? _____

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"/>

To your knowledge does the applicant Smoke? Yes No Drink? Yes No Use drugs? Yes No

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

Is the applicants spiritual influence on others: Positive? Negative Neutral?

What do you consider the applicants positive personal traits? _____

What do you consider the applicants negative personal traits? _____

Please give us any other helpful comments on this applicant _____

Signature _____