



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

# CONFIDENTIAL QUESTIONNAIRE

## *Sponsor'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 \_\_\_\_\_  
 \_\_\_\_\_

Comments \_\_\_\_\_  
 \_\_\_\_\_

I, without reservation recommend the above named minister to LMFI, being well acquainted with his/her life and ministry. I fully understand that I will be contacted as the disciplinary agent (should need for this arise) and will assume this responsibility now.

Date \_\_\_\_\_

Signature \_\_\_\_\_

LMFI ID# \_\_\_\_\_

Address \_\_\_\_\_

City, State, Zip \_\_\_\_\_