

## Ministry Recommendation Form

**Applicants:** Please give the ministry recommendation form to someone you have known for at least **one year**. Please print or type your information in the personal information section below before passing it along for completion. Email this completed form to [rcole@cindytrimministries.org](mailto:rcole@cindytrimministries.org) or mail to 950 Eagles Landing Parkway #347 Stockbridge, GA 30281.

### Personal Information

Mr./Mrs./ Ms.: \_\_\_\_\_  
(LAST) (FIRST) (MIDDLE)

Present Address: \_\_\_\_\_  
(APT #)

\_\_\_\_\_  
(CITY) (State) (ZIP) (COUNTRY)

Phone: (\_\_\_\_) \_\_\_\_ - \_\_\_\_\_ Cell Phone: (\_\_\_\_) \_\_\_\_ - \_\_\_\_\_

Email: \_\_\_\_\_

**Recipient (read carefully):** Print Your Name: \_\_\_\_\_

Your name has been given as a reference for the above named person for membership into Cindy Trimm Ministries International Fellowship. Serious consideration as been given to your comments; therefore, we ask that you carefully complete this form. Please be assured that your comments will be held in the upmost confidence. Please return this completed form directly to the following address (Cindy Trimm Ministries International Fellowship, 950 Eagles Landing Pkwy #347, Stockbridge, GA 30281) Should you have any questions feel free to contact us.

1. How long have you known the applicant? \_\_\_\_\_ Years \_\_\_\_\_ Months

2. Do you feel that you know the applicant well enough to evaluate his/her eligibility for ministry credentials? YES NO

3. What is you relationship to the applicant (check one)?

- ☐ Friend
- ☐ Pastor
- ☐ Professional Associate

4. How well do you know him/her (check one)?

- ☐ Casually
- ☐ Very Close Ministry Relationship
- ☐ Other: \_\_\_\_\_

5. Are you the applicant's mentor? YES NO

If yes, please explain: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

6. In your opinion, does the applicant exhibit a call to the ministry? YES NO DO NOT KNOW

Comments: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

7. To your knowledge, is the applicant currently involved in active ministry? YES NO DO NOT KNOW

Comments: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

8. Pulpit experience (preaching and teaching) (check one):

- ☐ Well Experienced
- ☐ Lightly Experienced
- ☐ No Experience
- ☐ Do Not Know

9. Work habits in the ministry (check all that apply):

- ☐ Very Industrious
- ☐ Satisfactory
- ☐ Do Not Know

10. Stability/Ability to withstand pressure (check all that apply):

- ☐ Tolerates Pressure Well
- ☐ Average Tolerance
- ☐ Easily Irritated
- ☐ Do Not Know

11. Response towards authority (check one):

- ☐ Helpful and Cooperative
- ☐ Submissive
- ☐ Not Cooperative
- ☐ Resentful to Authority
- ☐ Do Not Know

12. Marriage and Family (check one):

- ☐ Attentive to spouse and children

- Neglects spouse and children
- Spouse and children take a backseat to ministry
- Does not apply to the applicant
- Do Not Know

13. Emotional Stability (check one):

- Self-Controlled and Mature
- Usually Stable
- Moody and Changeable
- Unstable
- Do Not Know

14. Please give your knowledge of the applicant's involvement in church activities (check one):

- Attends Regularly
- Shows Little Interest
- Seldom Participates
- Deeply Involved

15. To your knowledge, is the applicant currently in any heresy? YES NO

If yes, please explain: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

16. Having observed this person in the ministry, would you (check one):

- Highly Recommend
- Recommend
- Recommend With Reservations
- Do Not Recommend

17. To aid us in our decision-making, please give us personal comments on the integrity of the applicant:

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

18. List what you consider to be the applicant's strong points. \_\_\_\_\_

\_\_\_\_\_

19. List what you consider to be the applicant's weak points. \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

20. Please indicate your rating in the following areas (please checkmark):

	ABOVE	AVERAGE	BELOW
Leadership			
Responsibility			
Commitment			
Moral Character			
Integrity/Honesty			
Emotional Stability			
Personal Appearance			

21. Does the applicant have any personality traits that impair his/her relationship with others?

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22. Please share with us any information you may know about the applicant that would aid in our evaluation for membership.

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Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Your Age: 18-25    26-35    36-50    Over 50

Present Address: \_\_\_\_\_

\_\_\_\_\_  
(CITY) (STATE) (ZIP)

Phone: (\_\_\_\_) \_\_\_\_ - \_\_\_\_\_ Cell Phone: (\_\_\_\_) \_\_\_\_ - \_\_\_\_\_

Email: \_\_\_\_\_

If you are a credentialed minister, please complete the following:

Ministry Name: \_\_\_\_\_

Your Position: \_\_\_\_\_

Organization you are credentialed with: \_\_\_\_\_

Number of years you've held credentials: \_\_\_\_\_

Additional Comments: \_\_\_\_\_