

CHURCH ON THE ROCK - INTERNATIONAL

1615 West Belt Line Road, Carrollton, TX 75006, 972-446-4741

RECOMMENDATION FOR ORDINATION

(Please answer the questions as completely as possible [all replies are held in strictest confidence] and return to the above address.)

Name of Applicant _____

How long have you known the applicant? ____ In what capacity have you known him/her? _____

Do you have reason to believe the applicant will remain permanently in the ministry? _____ As far as you know, is the applicant doctrinally sound? ____ If no, explain on separate sheet of paper.

Please check box that best describes the applicant:

	Excellent	Good	Poor
Dependability-----	[]	[]	[]
Intelligence-----	[]	[]	[]
Initiative-----	[]	[]	[]
Personality-----	[]	[]	[]
Domestic adjustment (spouse/children)-----	[]	[]	[]
Relationships with others-----	[]	[]	[]
Personal appearance-----	[]	[]	[]
General health-----	[]	[]	[]
Attitude toward financial obligations-----	[]	[]	[]
Dedication to the ministry-----	[]	[]	[]
Ministerial abilities-----	[]	[]	[]
a. Preaching-----	[]	[]	[]
b. Teaching-----	[]	[]	[]
c. Youth Activities-----	[]	[]	[]
d. Music-----	[]	[]	[]
e. Other-----	[]	[]	[]

In your opinion should the applicant be ordained?-----Write any additional comments or explanations which you feel would be helpful in our consideration of the applicant: _____

Name of recommending minister _____

Name of your church _____ Phone _____

Church mailing address _____

Signature: _____ Date: _____