



Senior Pastor or Ministerial Recommendation (Confidential)

OBFF believes that all believers need to be accountable to an active spiritual authority (1 Thess. 5:12) whom he or she relates to in a Pastoral role. In signing this document, you are indicating that such a relationship exists (and will continue to exist) between yourself and the individual you are recommending.

As this person's active spiritual authority, you are expected to maintain a lifestyle in agreement with biblical standards and to actively speak into the personal and ministry life of the recommended individual as it relates to biblical standards for believers and ministers outlined in the Word of God.

I have known _____ for _____ years.

Applicant's name

The relationship is: Close Casual Professional Ministerial

To the best of my knowledge and judgment, the applicant is

	Excellent	Good	Average	Questionable	Unknown
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 my opinion, the applicant exhibits a calling. Yes No

If yes, in what type of ministry? _____

I would recommend the applicant for Christian Minister Licensed Minister Ordained Minister

What do you consider the applicant's strong points? *(Include positive personal traits)*

What do you consider the applicant's weak points? *(Include negative personal traits)*

Describe the applicant's involvement in ministry in your church. Please indicate whether they are involved on a part-time or full-time basis, a paid position or volunteer.

What do you see for future ministry for the applicant?

Is the applicant faithful in tithes and offerings? Yes No

Is it your desire to see this minister registered to marry in your province? Yes No

If yes, please explain their responsibilities.

Are you willing to contact us if you cease to recommend this minister in the future? Yes No

Signature _____ Date _____
(M)(D)(YR)

Print Name _____ Home Phone _____

Church Name _____ Position _____

Church Address (including postal code) _____

_____ Church Phone _____

Church Fax _____ Church Email _____

Upon completion, please forward this confidential report to:

Open Bible Faith Fellowship of Canada

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