



Personal Recommendation (Confidential)

I have known _____ for _____ years.

Applicant's name

I know the applicant as a: Minister Relative Friend Other

(Please specify) _____

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? _____

Any additional comments _____

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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