

MINISTER'S RECOMMENDATION

Name of Applicant

Last	First	Middle

The above named person is applying for Ministerial Credentials with Rhema Ministerial Association International. The questions listed below should be answered honestly and correctly, for serious consideration will be given to your answers.

Our files are kept confidential, so please fill out this form to the best of your ability and return it to our office.



SOUTH PACIFIC

RHEMA Ministerial Association International

Rhema Bible Training College South Pacific

P.O. Box 3045 Apia, Samoa

Phone: 685-23842 Fax: 685-25529

1. How long have you known the above person?
2. Has your relationship been:

<input type="checkbox"/> Intensive	<input type="checkbox"/> Very Close	<input type="checkbox"/> Close	<input type="checkbox"/> Casual	<input type="checkbox"/> Intermittent	<input type="checkbox"/> Distant
<input type="checkbox"/> Other: <input style="width: 700px; height: 20px;" type="text"/>					
3. What has been the nature of your acquaintance? Were you...

CHURCH:	<input type="checkbox"/> Intensive	<input type="checkbox"/> Sunday School Teacher	<input type="checkbox"/> Choir Director	<input type="checkbox"/> Co-worker
	<input type="checkbox"/> Fellowship	<input type="checkbox"/> Other: <input style="width: 450px; height: 20px;" type="text"/>		
SOCIAL:	<input type="checkbox"/> Friend of the family	<input type="checkbox"/> Neighbor		
	<input type="checkbox"/> Other: <input style="width: 600px; height: 20px;" type="text"/>			
4. To your knowledge, does this individual have a definite call to the ministry?

<input type="checkbox"/> Yes	Comments:	<input style="width: 95%; height: 40px;" type="text"/>
<input type="checkbox"/> No		
<input type="checkbox"/> Do Not Know		
5. To your knowledge, is the applicant currently involved in active ministry?

<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Do not know
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6. Pulpit Experience/ Preaching and Teaching:

<input type="checkbox"/> Well Experienced	<input type="checkbox"/> Light Experienced	<input type="checkbox"/> No Experience	<input type="checkbox"/> Do Not Know
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7. Work Ability (in the ministry):

<input type="checkbox"/> Very Industrious - does more than required	<input type="checkbox"/> Satisfactory work ability	<input type="checkbox"/> Enough to get by
<input type="checkbox"/> Does not meet minimum requirements	<input type="checkbox"/> Do Not Know	
8. Stability/ Ability to withstand pressure:

<input type="checkbox"/> Tolerates pressure well	<input type="checkbox"/> Average tolerance/ usually remains calms	<input type="checkbox"/> Easily Irritated
<input type="checkbox"/> Cannot handle pressure	<input type="checkbox"/> Do Not Know	
9. Personal Organization:

<input type="checkbox"/> Conscientious/ Tidy and clean	<input type="checkbox"/> Fairly neat	<input type="checkbox"/> Tends to be disorderly
<input type="checkbox"/> Disorderly and Untidy	<input type="checkbox"/> Do Not Know	
10. Response/ Attitude to Authority:

<input type="checkbox"/> Helpful and cooperative	<input type="checkbox"/> Usually responsive	<input type="checkbox"/> Resentful of authority
<input type="checkbox"/> Not cooperative/ very resentful	<input type="checkbox"/> Do Not Know	

11. Emotional Stability:
- Self-controlled and mature Usually Stable Moody and changeable
- Many uncontrolled periods/ unstable Do Not Know
12. From your knowledge of applicant's general character, past record, and present behavior, check any the following which apply:
- Uses Tobacco Has been involved in serious community disturbance:
- Gambles Has a reputation for involvement in behavior indicating serious moral weakness
- Drinks alcoholic beverages Has been arrested for other than minor traffic violations
13. Having observed this person in the ministry, would you:
- Highly recommend Recommend Recommend with reservations

Please list reservations

Not recommended I do not know enough about his/ her ministry to make a valid recommendation

14. Please give us your personal comments on the integrity of the applicant to aid us in our decision-making

Signature: _____

Age: 18-25 26-35 36-50 51 & over

Address:

City: State:

Zip: Telephone:

Are you a RHEMA graduate? Yes No Years:

Rhema you attended: