FIVE FOLD MINISTRIES INTERNATIONAL

PO Box 6322, Westgate, 1734
Tel: +27 (0)11 958-1250 Fax: +27 (0)11 958-1592
Email: admin@fivefold.co.za Website: www.fivefold.com

MINISTER'S RECOMMENDATION

(CONFIDENTIAL QUESTIONNAIRE)

APPLICANT: _____
First Name Middle Name/s Surname

A. RECOMMENDING MINISTER'S DETAIL

1. **MINISTER'S NAME**: Surname:_____ First name:_____
2. **NAME OF CHURCH**:_____ Denomination / Affiliation: _____
3. **ADDRESSES** Email: _____
   Physical address:_____ Postal code: _____
4. **TEL №s** Home: Int code(_____) Area code(_____) _____ Work: Int code(_____) Area code(_____) _____
   Fax: Int code(_____) Area code(_____) _____ Cellular / Mobile: Int code(_____) (_____) _____
5. **YOUR POSITION IN THE CHURCH**: _____ How long have you held this position?_____
6. **ARE YOU AN ORDAINED MINISTER**? ☐Yes ☐No If *Yes*, which year? _____
7. **ORGANISATION THAT ORDAINED YOU**? _____

B. EVALUATION OF APPLICANT

1. **RELATIONSHIP** How long have you known the applicant?_____ Describe relationship: ☐Close ☐Casual ☐Distant
   Indicate your position in relationship: ☐Pastor ☐Personal friend ☐Co-worker ☐Ministry friend ☐Family friend ☐Other (Specify) _____
2. **EVALUATE APPLICANT'S CHARACTER AND LIFESTYLE** (Tick ☑ **G** = Good, **F** = Fair, **P** = Poor, **U** = Unknown):

G F P U		G F P U	
☐☐☐☐	Christian life and testimony	☐☐☐☐	Personal cleanliness
☐☐☐☐	Moral attitudes and behaviour	☐☐☐☐	Consideration for others
☐☐☐☐	Honesty and integrity	☐☐☐☐	Ability to work with others
☐☐☐☐	Accepting responsibility	☐☐☐☐	Ability to lead others
☐☐☐☐	Financial responsibility	☐☐☐☐	Ability to minister

3. **TO YOUR KNOWLEDGE, DOES THE APPLICANT...**
   Use tobacco?..... ☐Yes ☐No ☐Unknown Drink alcohol?..... ☐Yes ☐No ☐Unknown
   Use illegal/habit-forming drugs?..... ☐Yes ☐No ☐Unknown Gamble?..... ☐Yes ☐No ☐Unknown
4. Describe applicant's marriage / family life: _____
5. Do you think the applicant has a definite call to the five fold ministry?..... ☐Yes ☐No ☐Not sure
6. Is the applicant currently involved in active ministry?..... ☐Yes ☐No ☐Not sure
7. Is the applicant involved in secular work in addition to ministering?..... ☐Yes ☐No ☐Not sure
8. Would you recommend that the applicant be given membership?..... ☐Yes ☐No ☐Not sure
9. **PLEASE GIVE ANY COMMENTS THAT WOULD BE HELPFUL IN EVALUATING THE CANDIDATE**: _____

_____

Signature of recommending Minister: Date: