

Armada Commission

47 Hellers Church Road, Leola, PA 17540

Ministry Recommendation

Applicant, please give this personal recommendation to someone you have known for at least three years and the ministry recommendations to your pastor or someone in full-time ministry. Be sure to fill out the name and address in the first section.

Applicant's name

Telephone

Address

City, State, Zip Code

Your name has been given as a sponsor for the above named person for application to the Armada Commission, a ministry training school. Serious consideration will be given to your comments; therefore, we ask that you carefully complete this form.

Please return it directly by mail to the Armada Commission office at the above address. Please be assured that your comments will be held in strict confidence. The applicant will not be given access, direct or indirect, to your input.

1. How long have you known the applicant:
2. Do you feel that you know the applicant well enough to evaluate his/her eligibility for attending a ministry training school? Yes Yes, with reservation No
3. What is your relationship to the applicant? Friend Pastor Intimate Professional Casual
4. How well do you know him/her? (check one) Casual Fairly well Very close Ministry relationship
5. In your opinion, does the applicant exhibit a call to the ministry? Yes Yes, with reservation No
6. To your knowledge is the applicant currently involved in active ministry? Yes No
7. How would you best describe the applicants work habits?
 Does more than required Satisfactory Does enough to get by Less than expected
8. How would you best describe the applicant's stability/ability to withstand pressure?
 Tolerates pressure well Usually remains calm Easily irritated Cannot handle pressure
9. How would you best describe the applicant's personal organization?
 Tidy & clean Fairly neat Tends to disorder Disorderly & untidy
10. How would you best describe the applicant's respect/attitude toward authority?
 Helpful & cooperative Usually responsive Resentful Not cooperative
11. How would you best describe the applicant's relationships in marriage and family?
 Attentive to family Slipping priorities Neglectful Abusive
12. How would you best describe the applicant's emotional stability?
 Self controlled Usually stable Moody & changeable Many uncontrolled periods
13. How would you best describe the applicant's involvement in church activities?
 Highly involved Cooperative Seldom participates, attends regularly Attends irregularly

14. Please list any reservations you may have concerning the applicant:

15. Please give us your personal comments concerning the integrity of the applicant:

16. Please list what you consider to be the applicant's strong points.

17. Please list what you consider to be the applicant's weak points.

18. Does the applicant have any personality traits which impair his/her relationship with others?

19. Please share with us any information you may know about the applicant that would help in our evaluation. Specific incidents or an overall personality appraisal may be given.

20. Please rate the applicant by checking the appropriate response.

	Excellent	Good	Fair	Poor
Gets along with others				
Patient				
Keeps their word				
Self-control				
Disciplined				
Strong in faith				
Responsible				
Prayerful				
Submissive				
Consistent				
Honest				
Wisdom				
Discerning				
Merciful				
Can handle criticism				
Handles pressure				

I recommend the applicant for acceptance to the Armada Commission.

Yes Yes, with reservation No

Signature

Date

If you are a credentialed minister, please complete the following:

Full Name

Telephone

Address

City, State, ZIP Code

Ministry name

Your Position

Organization you are credentialed with

Number of years you've held credentials

Additional comments
