

# Faith Christian Fellowship International



Sending Laborers Into The Field For The Harvest Armed With The Tools Needed To Win The World For Christ  
PO Box 367 ~ Eaton, OH 45320 PH: (765)962-4406 Fax: (937)456-2144 info@fci.us www.fci.us

## FCFI MINISTER / MINISTRY MEMBERSHIP

Dear Fellow Minister,

I call you blessed in the wonderful Name of Jesus! God is continually doing great and wonderful things here at *Faith Christian Fellowship International*. It is my prayer that you have found God to be just as great and wonderful in your life and ministry as you serve Him.

Thank you for your desire for you, or you and your ministry, to become a member with *Faith Christian Fellowship International*. You will find that the fellowship desires to – *Prepare* –*Promote* – and *Provide* for its members by putting ‘tools’ into their hands to help them fulfill their destiny in ministry.

We are not a one dimensional fellowship. Yes, we do have a great tangible item in the ability to cover ministries with a IRS 501(c)3 covering; we are also a world missions outreach fellowship; but we have something for all churches, ministers, and ministries.

The enclosed Membership Application must be filled out in its entirety. All forms must be completed before any action will be taken on your request for membership.

Once we receive your application, the *FCFI* Executive Board will act upon your request for Membership and inform you of their decision in a timely manner. Upon approval of your application we will issue your *FCFI* Membership Certificate and Membership Card.

All ministerial/ministry memberships with *Faith Christian Fellowship International* will expire on December 31 of each year. A yearly renewal form for continued *FCFI* membership will be sent to all active members in November of each year.

Thank you for your service to the King! May you be richly blessed as you continue to labor for Him in the work He has called you to!

In *HIS* Service,

Kenneth Harbaum, President

Adopted 1//2017



## COMPREHENSIVE CHARTER MEMBERSHIP (CCM) CHECKLIST

**Be advised that the following forms must be submitted with your application before it can be acted upon:**

1. Certificate of Incorporation with the state of ministry origin   
**Note:** A Limited Liability Corporation, (**LLC**) not acceptable.
2. Employment Identification Number (**EIN**)   
This is available by applying for **Form SS-4** with the **IRS**.
3. Copy of Constitution or Amended and Restated Articles of Incorporation
4. Copy of Bylaws – including your Statement of Faith
5. Completed *Comprehensive Membership Application* with payment

**Note:** If you need assistance with these items don't hesitate to contact the FCFI office.

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## APPLICATION FOR CHURCH/MINISTRY/MISSION ORGANIZATION COMPREHENSIVE MEMBERSHIP

Applying for:  Comprehensive Charter Membership (CCM) \$ 250.00/year  
Includes one Ordained/Licensed Minister or Ministry Officer and 501c3 coverage  
 Security Check fee (one-time fee ) \$ 35.00  
Total Due \$

*Please type or print clearly*

*Please include the appropriate application fee with this application*

Ministry Name: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Phone \_\_\_\_\_ Fax: \_\_\_\_\_ Email: \_\_\_\_\_

Officer/Pastor Name: \_\_\_\_\_

Is the ministry incorporated? Yes \_\_\_ No \_\_\_

If so, when? \_\_\_\_\_ What state? \_\_\_\_\_

What is your Federal I.D. Number \_\_\_\_\_ (Required for CCM)

Does the ministry have a statement of faith? Yes \_\_\_ No \_\_\_ *(Please enclose a copy with this application)*

Type of Ministry:  
\_\_\_\_\_ Church \_\_\_\_\_ Local Ministry \_\_\_\_\_ Missionary \_\_\_\_\_ Mission Organization

Briefly explain your ministry: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Do you have professional liability insurance? Yes \_\_\_ No \_\_\_ Do you have property insurance? Yes \_\_\_ No \_\_\_

Have you had any lawsuits against your church/organization? Yes \_\_\_ No \_\_\_ If yes, please explain \_\_\_\_\_  
\_\_\_\_\_

Do you plan to license or ordain ministers under this charter? Yes \_\_\_ No \_\_\_

What other fellowships, organizations, or associations do you belong to \_\_\_\_\_  
\_\_\_\_\_

Have you read the Faith Christian Fellowship Constitution and Bylaws? \_\_\_ Yes \_\_\_ No

Do you agree with Faith Christian Fellowship Statement of Faith? \_\_\_ Yes \_\_\_ No

**CHURCH/MINISTRY/MINISTRY RESOLUTION FOR MEMBERSHIP**

**NOTE:** *If your Church/Ministry already has a Constitution and Bylaws, the following resolution, when passed and attached to the Constitution will meet the requirements for membership as set forth in The Faith Christian Fellowship International Constitution. A copy of this resolution, along with your Constitution and Bylaws should be submitted with the application for affiliation.*

Minutes of the \_\_\_\_\_  
Name of the Church/Ministry

Of \_\_\_\_\_  
Address City State

At an officially called meeting of this Church/Ministry on the \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_  
the following resolutions were passed and made an official part of the Church/Ministry Minutes.

- 1. **RESOLVED:** *That this Church/Ministry shall now file an application to be an affiliated member of the Faith Christian Fellowship International. All conditions required for affiliation will be promptly met.*
- 2. **RESOLVED:** *That the purpose of this Church/Ministry is limited exclusively to religious, charitable, and educational activities. All properties of this Church/Ministry shall be held in the name of the Church/Ministry, and not individually owned, and shall be irrevocably devoted to Church/Ministry work. No part of the net income of this Church/Ministry shall inure to the benefit of any private individual or member.*
- 3. **RESOLVED:** *That, in the event of dissolution, the following provisions are made:*
  - A. *All material and financial assets of this Church/Ministry shall be assigned to a religious organization which is recognized by the US. Treasury Department as having a tax-exempt status.*
  - B. *Under no circumstances will the assets of this Church/Ministry accrue to the personal benefits of an individual.*
- 4. **RESOLVED:** *That this Church/Ministry shall be governed by officers, including a Secretary and Treasurer and an annual business meeting will be held. Accurate records of all business meetings and financial matters pertaining to the Church/Ministry will be kept by an official Member of the Church/Ministry.*

Accepted by the Church/Ministry this \_\_\_\_\_ day of \_\_\_\_\_ 20\_\_\_\_\_

\_\_\_\_\_  
Printed Name, Secretary

\_\_\_\_\_  
Signature, Secretary

**STATEMENT OF TRUTH**

I understand that all items submitted to Faith Christian Fellowship International (FCFI) as part of the application process, becomes the permanent property of FCFI and will not be returned.

I understand that any application fee and dues paid to FCFI will be retained by FCFI and will not be returned or refunded unless this application is denied; a \$10.00 handling fee will be retained.

This application will be held in confidence. Only those persons with a need to know will review it. I grant FCFI and its leadership, permission to verify the information provided on this application.

I hereby state that the information contained on this application is correct and true. If FCFI is notified that any of the information contained on this application is false, it will be grounds for immediate cancellation of application procedure and/or revocation of issued credentials.

I hereby understand that the integrity of our Lord and Savior Jesus Christ and the standards and articles of faith of FCFI will be maintained at all times. If for any reason there is a breach of those standards, I understand that this application and any issued credentials can and will be revoked and terminated by the decision of the board of directors of FCFI.

I have read the Bylaws and the Statement of Faith and Doctrine of FCFI. I agree to support and abide by the Bylaws and the Statement of Faith and Doctrine of Faith Christian Fellowship International.

\_\_\_\_\_  
Applicant's Signature

\_\_\_\_\_  
Date

**RECOMMENDATIONS**

*Signature of FCFI member who recommended and will sponsor you.*

\_\_\_\_\_  
*Signature*

*If you do not have an FCFI member to sponsor you, it is required that you secure an FCFI Member Church to sponsor you.*

\_\_\_\_\_  
*Pastor/Church*

**Applicant: Please forward the attached personal reference of your choice to complete and return to us.**

**FOR OFFICE USE ONLY**

_____ <i>Approved</i> <i>Date:</i> _____
_____
_____ <i>Officer's Signature</i>
_____ <i>Approval Denied</i>
<i>Reason for Denial:</i> _____
_____

Amount Received _____
Check# _____
Date _____
Data In Computer _____
Mailed Certificate _____

# ARBITRATION AGREEMENT

## Section 1. PURPOSE OF THE AGREEMENT

The purpose of this Agreement is to memorialize the relationship between \_\_\_\_\_ (hereinafter "Member") and Faith Christian Fellowship International, Inc. (hereinafter referred to as "the Fellowship"). Also to provide for expedited resolution of disputes with minimal expenses and attorney fees by binding arbitration.

## Section 2. THE MEMBER RELATIONSHIP

Member and the Fellowship agree that during the term of this Agreement, Member will serve as a member of the Fellowship. Member understands that membership with the Fellowship is at the will of the Fellowship, and this Agreement is terminable at the sole discretion of, and by, either party, with or without cause at any time and for any reason.

Member understands that the Fellowship is a Christian ministry organization, and Member subscribes without reservation to the Faith Christian Fellowship International, Inc. Statement of Faith and agrees to abide by these doctrines in all aspects of life, both at and away from Faith Christian Fellowship International, Inc. ministries and functions. Member agrees to actively support Faith Christian Fellowship International, Inc., faithfully attending public services and taking an active part in the total Fellowship program. Member agrees to be loyal to his or her pastor and the Fellowship programs in word and in deed. Member agrees to fulfill all duties and responsibilities of supporting Faith Christian Fellowship International, Inc., including, but not limited to, enthusiastically giving and supporting the endeavors of the Fellowship.

Member understands and agrees that his or her role as a member of the Fellowship is to perform at the will of the Board of the Fellowship or other ministry leadership duly authorized to control the terms and conditions of membership. Following this authority structure as commanded of God, Member agrees to perform all duties and responsibilities entrusted to him or her by the Board or ministry leadership to their complete and full satisfaction; and Member understands that all of the terms or conditions of this Agreement are to be interpreted according to the understanding of the Board and ministry leadership.

## Section 3. RESOLUTION OF DISPUTES; BINDING ARBITRATION AGREEMENT

As all Fellowship Members are Christians and the Fellowship is a Christian ministry organization, both parties agree that they would never threaten to sue, or actually litigate in court any matter whatsoever relating to or resulting from employment with the Fellowship or this Agreement. To do otherwise would be in clear violation of Biblical teaching and practice.

Instead, Member and the Fellowship agree that they will try to informally resolve any legal dispute or controversy that arises between them relating in any way to the relationship between the Member and the Fellowship. The aggrieved party must give written notice of any claim to the other party within one year of the date of the alleged wrong, otherwise the claim shall be void and waived. In the event that such dispute cannot be resolved informally, Member and the Fellowship agree that the dispute will be presented to the Board of Directors of the Fellowship for resolution.

Member and the Fellowship further agree that any party that is dissatisfied with the Board's resolution of such dispute, and who wishes to pursue it further, must submit to, and have it determined by, binding arbitration under the attached rules and procedures. Provided, however, that nothing herein shall limit Member's right to file a charge or complaint with any government agency, although Member may not file a court action based on such agency charge or complaint. This Agreement covers all employment disputes between Member and the Fellowship, whether based on tort, contract, statutory, common law, or otherwise, including both federal and state claims, with the sole exceptions of workers compensation claims, unemployment compensation claims, and claims by the Fellowship relating to trade secrets or alleged violation of non-competition agreements.

If any provision of this Agreement is adjudged to be void or otherwise unenforceable, in whole or in part, such adjudication shall not affect the validity of the remainder of the Agreement.

MEMBER AND THE FELLOWSHIP REPRESENT THAT THEY HAVE READ AND UNDERSTAND THE ABOVE AGREEMENT, HAVE BEEN GIVEN THE OPPORTUNITY TO DISCUSS THIS AGREEMENT WITH THEIR PRIVATE LEGAL COUNSEL, AND ARE ENTERING INTO IT VOLUNTARILY AND NOT IN RELIANCE ON ANY PROMISES OR REPRESENTATIONS OTHER THAN THOSE CONTAINED IN THE AGREEMENT ITSELF.

\_\_\_\_\_  
MEMBER NAME

FAITH CHRISTIAN FELLOWSHIP INTERNATIONAL, INC.  
THE FELLOWSHIP

\_\_\_\_\_  
Member Signature

\_\_\_\_\_  
Kenneth E. Harbaum, President

\_\_\_\_\_  
Date

\_\_\_\_\_  
President's Signature

\_\_\_\_\_  
Date

# APPLICATION FOR INDIVIDUAL MEMBERSHIP

Please type or print clearly

I am applying as a:  Licensed Minister  Ordained Minister  Ministry Officer

## STATUS OF CREDENTIALS:

Currently Licensed If so, when? \_\_\_\_\_ From where? \_\_\_\_\_  
 Currently Ordained If so, when? \_\_\_\_\_ From where? \_\_\_\_\_

I desire to be licensed  
 I have been licensed but desire to be ordained

Please secure document or visit [www.fcfi.us](http://www.fcfi.us) for License/Ordination information

## PERSONAL DATA

Applicant's Name: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Phone: \_\_\_\_\_ Fax: \_\_\_\_\_ E-Mail: \_\_\_\_\_

Cell Phone: \_\_\_\_\_ Home phone: \_\_\_\_\_

Date of Birth: \_\_\_/\_\_\_/\_\_\_ Age: \_\_\_ Sex: M F Social Security Number: \_\_\_\_\_

Marital Status: Single \_\_\_ Married \_\_\_ Divorced \_\_\_ Remarried \_\_\_ Engaged: \_\_\_ Widowed: \_\_\_

Spouse Name (if applicable): \_\_\_\_\_ Birthdate \_\_\_/\_\_\_/\_\_\_

Child's Name: \_\_\_\_\_ Birthdate \_\_\_/\_\_\_/\_\_\_ Male \_\_\_ Female \_\_\_

Child's Name: \_\_\_\_\_ Birthdate \_\_\_/\_\_\_/\_\_\_ Male \_\_\_ Female \_\_\_

Child's Name: \_\_\_\_\_ Birthdate \_\_\_/\_\_\_/\_\_\_ Male \_\_\_ Female \_\_\_

Is your ministry: \_\_\_ Part Time \_\_\_ Full Time \_\_\_ Bi-vocational

Gifted: \_\_\_ Prophet \_\_\_ Teacher \_\_\_ Pastor \_\_\_ Apostle \_\_\_ Evangelist

Have you ever been arrested or convicted for any criminal act? \_\_\_\_\_ If so, please explain \_\_\_\_\_

Have you ever sought psychiatric/professional counsel? \_\_\_\_\_ If so, please explain \_\_\_\_\_

## PERSONAL HISTORY

Please check the activities you have engaged in during the past five years

- |  |           |          |
|--|-----------|----------|
| 1. Smoking or Tobacco Use                | _____ Yes | _____ No |
| 2. Drinking Alcohol (including socially) | _____ Yes | _____ No |
| 3. Pornography (in any form)             | _____ Yes | _____ No |
| 4. Homosexuality/Lesbianism              | _____ Yes | _____ No |
| 5. Illegal Drug Use                      | _____ Yes | _____ No |
| 6. Fornication/Adultery/Molestation      | _____ Yes | _____ No |
| 7. New Age/Cult Involvement              | _____ Yes | _____ No |
| 8. Murder/Rape/Theft                     | _____ Yes | _____ No |

If yes on any point above, please explain in detail on a separate sheet of paper. Please include your deliverance and restoration process. Also include to whom you are accountable.

**PERSONAL REFERENCES**

Please identify two people, other than family, whom you have known for more than one year

\_\_\_\_\_  
Name                      Address                      City, State, Zip                      Phone

\_\_\_\_\_  
Name                      Address                      City, State, Zip                      Phone

**CHURCH AFFILIATION**

*Please indicate the church in which you currently pastor or attend*

Name: \_\_\_\_\_ Telephone \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

How long have you attended this church? \_\_\_\_\_ What Capacity? \_\_\_\_\_

**MINISTRY BACKGROUND**

What is the extent of your preparation for the ministry? \_\_\_\_\_

Schools attended \_\_\_\_\_

Give a brief history of your ministerial experience (*i.e. churches pioneered or pastored, evangelist meetings*)

What other fellowships, organizations or associations do you belong to \_\_\_\_\_

**SPIRITUAL HEALTH/PILGRIMAGE**

If you are presently licensed or ordained, please attach a copy of your credentials.

Have you ever had your license suspended or revoked? \_\_\_ Yes \_\_\_ No

If yes, please explain \_\_\_\_\_

Do you agree with Faith Christian Fellowship International statement of faith? \_\_\_ Yes \_\_\_ No

If no, please explain \_\_\_\_\_

If you are leaving or have left a denomination/organization, please explain \_\_\_\_\_

Were you raised in a Christian home? \_\_\_ Yes \_\_\_ No

When were you born again? \_\_\_\_\_ Please briefly explain your experience \_\_\_\_\_

Have you lived a consistent Christian life since conversion? \_\_\_ Yes \_\_\_ No

If no, please explain \_\_\_\_\_

Were you baptized by immersion? \_\_\_ Yes \_\_\_ No

Understanding that a minister of the gospel must maintain the highest moral and ethical standards; do you feel there is any area of your personal life that would hinder your ministry at this time? \_\_\_ Yes \_\_\_ No

If yes, please explain \_\_\_\_\_

*Please use additional paper if needed to complete any of the above questions*





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**MINISTERS REFERENCE QUESTIONNAIRE**

Name of applicant:

\_\_\_\_\_

Last

First

Middle

The above named person is applying for Ministerial Credentials with Faith Christian Fellowship International of Richmond, Indiana. 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 in the envelope provided.

1. How long have you known the above person? \_\_\_\_\_ years.
2. Has your relationship been: Intensive \_\_ Very Close \_\_ Close \_\_ Casual\_\_ Intermittent \_\_ Distant\_\_ Other\_\_\_\_\_
3. What has been the nature of your acquaintance? Were you:  
**Church:** Pastor\_\_ Sunday School Teacher\_\_ Choir Director\_\_ Co-worker\_\_ Fellowship\_\_ Other\_\_\_\_\_  
**Social:** Friend of the family\_\_ Personal Friend\_\_ Neighbor\_\_ Other \_\_\_\_\_
4. To your knowledge, does this individual have a definite call to the ministry?  
Yes\_\_ No\_\_ Do not know\_\_\_\_  
Comments: \_\_\_\_\_
5. To your knowledge, is applicant currently involved in active ministry? Yes\_\_ No\_\_ Do not know\_\_
6. Pulpit Experience/Preaching and Teaching:  
Well experienced\_\_ Light experience\_\_ No Experience\_\_ Do not know \_\_.
7. Ability to work (In the ministry).  
Very industrious, does more than required\_\_ Satisfactory work ability\_\_  
Enough to get by\_\_ Does not meet minimum requirements\_\_ Do not know\_\_
8. Stability/Ability to withstand pressure:  
Tolerates pressure well\_\_ Average tolerance/usually remains calm\_\_  
Easily irritated\_\_ Cannot handle pressure\_\_ Do not know\_\_
9. Personal Organization:  
Conscientious, tidy and clean\_\_ Fairly neat\_\_ Tends to be disorderly\_\_  
Disorderly and untidy\_\_ Do not know\_\_

## MINISTER'S RECOMMENDATION, CONT.

10. Response/Attitude to Authority:

Helpful and cooperative\_\_\_ Usually responsive\_\_\_ Resentful of authority\_\_\_  
Not cooperative/very resentful\_\_\_ 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 of the following which apply:

Uses tobacco\_\_\_ Gambles\_\_\_ Drinks alcoholic beverages\_\_\_ Has been involved in serious community disturbances\_\_\_ Has been arrested for other than minor traffic violations\_\_\_ Has a reputation for involvement in behavior indicating serious moral weakness\_\_\_

13. Having observed this person in the ministry, would you:

Highly recommend\_\_\_ Recommend \_\_\_ Recommend with reservations\_\_\_  
Please list reservations

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Not re commended\_\_\_

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.

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Name\_\_\_\_\_ Signature \_\_\_\_\_

Address\_\_\_\_\_

City\_\_\_\_\_ State\_\_\_\_\_ Zip\_\_\_\_\_

Telephone ( ) \_\_\_\_\_ Age 18-25\_\_ 26-35\_\_ 36-50\_\_ 51 & over\_\_

Ministry Name \_\_\_\_\_

Your Position \_\_\_\_\_

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(Please return this form to the above address)

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**PERSONAL REFERENCE QUESTIONNAIRE**  
(confidential)

**Applicant: Please forward this form to a personal reference of your choice to complete and return to us.**

Your name has been given as a reference by \_\_\_\_\_, please complete to the best of your ability and return to our office immediately at the address above. Thank You!

1. How long have you known the applicant? \_\_\_\_\_
2. What is your relationship to the applicant? \_\_\_\_\_
3. Have you had genuine fellowship with the applicant? \_\_\_\_\_
4. Please complete the following to the best of your knowledge of the applicant:
  - a. He/she has sound doctrine? \_\_\_\_\_
  - b. He/she is spiritually mature? \_\_\_\_\_
  - c. He/she is able to work well with others at close range? \_\_\_\_\_
  - d. He/she is able to minister the Word of God effectively? \_\_\_\_\_
  - e. He/she is strictly honest and trustworthy? \_\_\_\_\_
  - f. He/she is able to manage his/her financial affairs with discretion? \_\_\_\_\_
  - g. He/she is faithful and loyal to his/her pastor and church? \_\_\_\_\_
  - h. He/she is willing to submit to authority? \_\_\_\_\_
  - i. He/she is filled with the Holy Ghost? \_\_\_\_\_
  - j. He/she is evangelistic for lost souls? \_\_\_\_\_

What recommendation do you give this applicant? (Check only one)

\_\_\_\_\_ highest possible recommendation      \_\_\_\_\_ strong recommendation  
\_\_\_\_\_ recommend with reservation      \_\_\_\_\_ cannot recommend

Comments: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Name: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Phone: \_\_\_\_\_ Email: \_\_\_\_\_

Signature: \_\_\_\_\_

Date: \_\_\_\_\_

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  - c. He/she is able to work well with others at close range? \_\_\_\_\_
  - d. He/she is able to minister the Word of God effectively? \_\_\_\_\_
  - e. He/she is strictly honest and trustworthy? \_\_\_\_\_
  - f. He/she is able to manage his/her financial affairs with discretion? \_\_\_\_\_
  - g. He/she is faithful and loyal to his/her pastor and church? \_\_\_\_\_
  - h. He/she is willing to submit to authority? \_\_\_\_\_
  - i. He/she is filled with the Holy Ghost? \_\_\_\_\_
  - j. He/she is evangelistic for lost souls? \_\_\_\_\_

What recommendation do you give this applicant? (Check only one)

\_\_\_\_\_ highest possible recommendation                      \_\_\_\_\_ strong recommendation  
\_\_\_\_\_ recommend with reservation                              \_\_\_\_\_ cannot recommend

Comments: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Name: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Phone: \_\_\_\_\_ Email: \_\_\_\_\_

Signature: \_\_\_\_\_

Date: \_\_\_\_\_