



# International Convention of Faith Ministries

5500 Woodland Park Blvd.

Arlington, Texas 76013

(817) 451-9620

## CONFIDENTIAL QUESTIONNAIRE

Minister's Recommendation For Membership

I have known \_\_\_\_\_ for a period of \_\_\_\_\_ years.

Address \_\_\_\_\_

I have known the applicant as a:  minister  friend  relative  other

To the best of my knowledge and judgment, the applicant is:

	Excellent	Good	Fair	Poor	Don't Know
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 your opinion, does the applicant exhibit a "call" to the ministry?	<input type="checkbox"/> Yes		<input type="checkbox"/> No		

Explain \_\_\_\_\_

Comments \_\_\_\_\_

\_\_\_\_\_

I, without reservation, recommend the above named minister to ICFM, being well acquainted with his/her life and ministry.

Signature \_\_\_\_\_ Date \_\_\_\_\_

Print Name \_\_\_\_\_

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

Address \_\_\_\_\_

Tel. \_\_\_\_\_ Email \_\_\_\_\_

Please return the recommendation form directly to the ICFM office by mail (5500 Woodland Park Blvd., Arlington, TX 76013) or by email (member@icfm.org).