

# MINISTERIAL RECOMMENDATION



**CONTACT US**  
for more information:  
3700 Hopewell Road  
Louisville, KY 40299  
1-800-447-0800  
Admin@TeamExpansion.org

**\*\*HOME CHURCH MINISTER OR NON-RELATIVE MINISTRY ASSOCIATE\*\***

## THIS SECTION TO BE COMPLETED BY APPLICANT PRIOR TO PRESENTING FORM TO REFERENCE

Reference for \_\_\_\_\_ Phone (\_\_\_\_\_) \_\_\_\_\_

*"The following signature indicates I am waiving my right to see this completed reference form."*

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

Dear Recommender:

Thank you for helping Team Expansion and the applicant with this important process. When finished with this form, please place it in the self-addressed envelope provided by the applicant. Sign your name over the seal of the envelope and return it to the applicant. He/she will then compile your form (kept sealed and intact in the envelope) with other materials that need to be submitted. If the applicant did not provide an envelope, please put your form in an envelope, seal it, sign on the seal, and return it to the applicant. This form should **not** be sent to Team Expansion. If you have any questions or concerns, please feel free to contact Team Expansion at the number, address or e-mail address located at the top of this form. Thank you very much for your willingness to serve in this capacity.

Your Name \_\_\_\_\_

Position/Title \_\_\_\_\_ Church/School/Business \_\_\_\_\_

Street \_\_\_\_\_ Apt.# \_\_\_\_\_

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

Home Phone (\_\_\_\_\_) \_\_\_\_\_ Office Phone (\_\_\_\_\_) \_\_\_\_\_

E-mail Address \_\_\_\_\_

If necessary, may we contact you for additional information?  yes  no

How long have you known the applicant? \_\_\_\_\_

In what capacity/capacities have you known the applicant? \_\_\_\_\_

How well do you know the applicant?  very well  moderately well  not very well

Have you been in regular contact with the applicant during the past year?  yes  no

If no, when was your last contact? \_\_\_\_\_

**PRELIMINARY INFORMATION REGARDING APPLICANT**

What do you consider to be the applicant’s outstanding talents or strengths? \_\_\_\_\_  
 \_\_\_\_\_

What do you consider to be the applicant’s primary areas needing development? \_\_\_\_\_  
 \_\_\_\_\_

**PERSONAL CHARACTERISTICS**

*Please rate the applicant on a scale of 1 to 5 with 1 being the lowest and 5 being the highest:*

<b>CHARACTERISTICS</b>	<b>BELOW AVERAGE</b>		<b>AVERAGE</b>	<b>ABOVE AVERAGE</b>		<b>N/A</b>
	<b>1</b>	<b>2</b>	<b>3</b>	<b>4</b>	<b>5</b>	<b>—</b>
Leadership						
Teachability						
Sense of humor						
Integrity						
Perseverance, consistency						
Maturity						
Common sense and good judgment						
Reaction to stressful or difficult conditions						
Adaptability, flexibility						
Emotional stability						
Self-control						
Respect for authority						
Friendliness, openness to others						
Consideration of others						
Ability to relate to superiors						
Ability to relate to co-workers						
Ability to relate to those from other cultures						
Ability to work as part of a team						
Marital harmony (if married)						

Please add any further comments or other personal characteristics about the above: \_\_\_\_\_  
 \_\_\_\_\_

I recommend the applicant:     strongly     with reservation    (Please comment) \_\_\_\_\_  
 \_\_\_\_\_

I do *not* recommend that this applicant be invited to serve with Team Expansion. (Please comment) \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

**PROFESSIONAL  
& ACADEMIC**



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E-mail Address \_\_\_\_\_

If necessary, may we contact you for additional information?  yes  no

How long have you known the applicant? \_\_\_\_\_

In what capacity/capacities have you known or employed the applicant? \_\_\_\_\_

Reason for leaving your employment \_\_\_\_\_

Would you re-employ this person?  yes  no (Please comment) \_\_\_\_\_

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