



**MINISTERS RECOMMENDATION**  
**Missionary Internship Training Program**  
*(Please type or print)*

**Applicant Information:**

<b>Title:</b> <input type="checkbox"/> Mr. <input type="checkbox"/> Mrs. <input type="checkbox"/> Ms. <input type="checkbox"/> Miss <input type="checkbox"/> Pastor <input type="checkbox"/> Rev. <input type="checkbox"/> Dr.			
<b>Last Name</b>		<b>First Name</b>	<b>Middle Name</b>
<b>Street and Number Address</b>			<b>Apt./Suite:</b>
<b>City</b>	<b>State</b>	<b>Zip</b>	<b>Home Phone:</b> - -

Please read before distributing form. This form should be completed by your minister and returned by him directly to Victory World Church. **An immediate family member of the applicant should not fill out this form.** If your minister is an immediate family member, please give this form to an assistant minister or lay leader in your church. **If a person other than your Pastor (or Associate Pastor) completes the form, an explanation should be provided.**

I understand that this confidential statement is being submitted with the understanding that its contents will not be shared with me. I hereby waive my right to see the confidential statement submitted on this form.

<b>Applicant Signature</b> _____	<b>Date</b> / /
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**TO THE MINISTER**

Each applicant for admission to the Missionary Internship Training Program must submit a Ministers Recommendation. Serious consideration will be given to your comments; therefore, we ask that you complete the form carefully.

Please return ALL pages of this form directly to  
***Victory World Church / 5905 Brook Hollow Parkway, Norcross, GA 30071***  
***Or FAX it to: 770.849.9500, ATTN: Missions Department***

Since we request a candid evaluation, we will hold your comments in strictest confidence.

*Thank you for your time and assistance.*

<b>Title:</b> <input type="checkbox"/> Pastor <input type="checkbox"/> Rev. <input type="checkbox"/> Dr. <input type="checkbox"/> Mr. <input type="checkbox"/> Mrs. <input type="checkbox"/> Ms. <input type="checkbox"/> Miss			
<b>Name</b>			<b>Phone:</b> ( ) -
<b>Street and Number Address</b>			
<b>City</b>	<b>State</b>	<b>Zip</b>	<b>Alternate Phone:</b> ( ) -
<b>Church where you minister</b>			<b>Email:</b>

**Minister's Recommendation for (Applicant Name) \_\_\_\_\_**

**If more space is required to elaborate, please attach additional information to this form.**

<b>1. How long have you known the applicant?</b>	__ <input type="checkbox"/> Months <input type="checkbox"/> Years
<b>2. How well do you know him/her?</b>	<input type="checkbox"/> By Name/Sight <input type="checkbox"/> Casually-Very Few Contacts <input type="checkbox"/> Fairly Well-Numerous Personal Contacts <input type="checkbox"/> Very Close Pastoral Relationship
<b>3. To your knowledge has the applicant made a meaningful, personal commitment to Jesus Christ?</b>	
<input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> NOT SURE If NO or NOT SURE, please comment: _____ _____ _____ _____	
<b>4. Please select the applicant's level of involvement in church activities.</b>	<input type="checkbox"/> Attends Irregularly; Shows Little Interest <input type="checkbox"/> Seldom Participates But Attends Regularly <input type="checkbox"/> Cooperative; Usually Willing to Help <input type="checkbox"/> Enthusiastic; Deeply Involved
<b>5. What do you consider the applicant's strong points? (Include positive personal traits)</b> _____	
_____	
_____	
<b>6. What do you consider the applicant's weak points? (Include negative personal traits)</b> _____	
_____	
_____	

<b>7. Please check the terms which best describe the participant's attitude toward the church and its activities:</b>					
<input type="checkbox"/> Warmhearted	<input type="checkbox"/> Enthusiastic	<input type="checkbox"/> Loving	<input type="checkbox"/> Diligent	<input type="checkbox"/> Reliable	<input type="checkbox"/> Arrogant
<input type="checkbox"/> Sympathetic	<input type="checkbox"/> Respectful	<input type="checkbox"/> Tolerant	<input type="checkbox"/> Passionate	<input type="checkbox"/> Trustworthy	<input type="checkbox"/> Overbearing
<input type="checkbox"/> Passive	<input type="checkbox"/> Contemptuous	<input type="checkbox"/> Critical	<input type="checkbox"/> Faithful	<input type="checkbox"/> Isolated	<input type="checkbox"/> Patient
<b>8. This applicant's spiritual influence on his/her peers is</b> <input type="checkbox"/> Positive <input type="checkbox"/> Neutral <input type="checkbox"/> Negative					

<b>9. How do you rate this person in the following areas?</b>	Excellent	Good	Needs Improvement	Poor	No Opportunity To Observe
Leadership	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Responsibility	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Christian Commitment	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Initiative	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Cooperativeness	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Personal Appearance	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Moral Character	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Health	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Social Adaptability	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Integrity and Honesty	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

