

Northern New England District Women's Ministries Prayer Team Pastor's Recommendation

Please Print Clearly!

Applicant's Name: _____ E-mail: _____

Address: _____ Telephone: (____) _____

City: _____ State: _____ Zip: _____

Pastor, the individual you are recommending has applied as an Altar Worker at WM events. Serious consideration will be given to your evaluation of the applicant's character for this endeavor. We need to know as much as possible about our applicants to make fair appraisals of their qualifications. We encourage openness and honesty regarding the candidate. Thank you in advance for your prompt completion of this form.

Pastor's Name: _____ E-mail: _____

How long have you known the applicant? _____

How well do you know the applicant? By Name Fairly Well Very Well

To your knowledge, has the applicant had experience as an Altar Worker? Yes No

What is the activity or role of the applicant in your church? _____

Briefly describe the applicant's personality. _____

Is the applicant mentally, emotionally and spiritually mature to work as a prayer team member?

Yes No If no, please provide a brief explanation: _____

Would the applicant be a(n) Excellent, Good, Fair or Poor addition Please explain: _____

Based on the above information, the applicant is:

Strongly Recommended Recommended Recommended with Reservation Not Recommended

The information I have given above is accurate and true to the best of my knowledge.

Pastor's Signature

Date

Please mail or fax this form as soon as possible to the District Office, P O Box 611, Portland, ME 04104-0611,
Fax: (207)878-2779