



# ***PETE NORRIS MINISTRIES, INC.***

P.O. Box 2 Goldsboro, NC

27533-0002

## *Personal or Ministry Recommendation*

(Applicant, please give personal recommendation to someone you have know for at least three years and the ministry recommendation to your pastor in full-time ministry.)

Name of Applicant: \_\_\_\_\_

Address: \_\_\_\_\_ Apt. \_\_\_\_\_

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

Name of Church or Ministry: \_\_\_\_\_

Your name has been given as a sponsor for the above named person for membership into Pete Norris Ministries, Inc. Serious consideration will be given to your comments; therefore, we ask that you complete this form.

Please return it directly to the PNM, Inc. office at the above address. Please be assured that your comments will be held in strictest confidence.

(1) How long have you known the applicant? \_\_\_\_ Year(s) \_\_\_\_ Month(s)

(2) Do you feel that you know the applicant well enough to evaluate his/her eligibility for ordination credentials? \_\_\_\_ Yes \_\_\_\_ No

(3) What is your relationship to the applicant?

\_\_\_\_ Friend \_\_\_\_ Pastor \_\_\_\_ Other

\_\_\_\_ Casual \_\_\_\_ Intimate \_\_\_\_ Professional

(4) How well do you know him/her? (Check one)

\_\_\_\_ By name/sight

\_\_\_\_ Casually/few personal contacts

\_\_\_\_ Mentoring relationship

\_\_\_\_ Fairly well/numerous personal contacts

\_\_\_\_ Very close ministry relationship

Comments:

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(14) Please give your knowledge of the applicant's involvement in church activities (check one)

Attends irregularly/shows little interest  
 Seldom participates, but attends regularly

Cooperative, usually willing to help  
 Enthusiastic and is deeply involved

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

(15) To your knowledge is the applicant currently involved in any heresy?  Yes  No

If yes, explain: \_\_\_\_\_  
\_\_\_\_\_

(16) Having observed this person in the ministry, would you:

Highly recommend       Recommend       Recommend with reservations

Please list your reservations: \_\_\_\_\_  
\_\_\_\_\_

(17) To aid us in our decision making, please give us your personal comments on the integrity of the applicant.

\_\_\_\_\_  
\_\_\_\_\_

(18) List what you consider to be the applicant's strong points.

\_\_\_\_\_  
\_\_\_\_\_

(19) List what you consider to be the applicant's weak points.

\_\_\_\_\_  
\_\_\_\_\_

(20) Please indicate below your rating/status of the applicant:

	Above Average	Average	Below Average	No chance to observe
Leadership	_____	_____	_____	_____
Responsibility	_____	_____	_____	_____
Christian Commitment	_____	_____	_____	_____
Moral Character	_____	_____	_____	_____
Integrity/Honesty	_____	_____	_____	_____
Emotional Stability	_____	_____	_____	_____
Personal Appearance	_____	_____	_____	_____

(21) Does the applicant have any personality traits which impair him/her relationship with others?  Yes  No  
If yes, explain \_\_\_\_\_

(22) Please share with us any information you may know about the applicant that would help in our evaluation for membership. Specific incidents or an overall personality appraisal may be given.

\_\_\_\_\_  
\_\_\_\_\_

I recommend the applicant for ordination:  Yes  Yes, with reservation  No

Signature: \_\_\_\_\_ Date: \_\_\_\_ / \_\_\_\_ / \_\_\_\_

Your Age:  18-25  26-35  36-50  over 50

Address: \_\_\_\_\_ Apt. \_\_\_\_\_

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

Phone: Home ( ) \_\_\_\_\_ - \_\_\_\_\_ Work ( ) \_\_\_\_\_ - \_\_\_\_\_

**If you are a credentialed minister, please complete the following:**

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

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

Organization you are credentialed with: \_\_\_\_\_

Number of years you've held credentials: \_\_\_\_\_

Additional Comments:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_