

MINISTERIAL ENDORSEMENT FORM

Applicant Information:

Applicant's Name: _____

Applicant's Address: _____

City: _____ State: _____ Zip: _____

Fill out the above portion and then give this form to your pastor, former pastor, or major professor (if in college or seminary). The minister who completes the remainder of this form is not to return it to you but should mail it directly to the SD Assembly of the Church of God.

Endorser's Information:

Endorser's Name: _____

Endorser's Address: _____

City: _____ State: _____ Zip: _____

Phone: _____

How long have you known the applicant and in what relationship?

What is this applicant's greatest strength?

In what area does this applicant most need to strengthen?

Please indicate your assessment of the applicant in the following areas (1 being high— 5 being low).

Qualities	1	2	3	4	5	Comments
Honesty/Integrity						
Self-motivated						
Friendly						
Cooperative						
Teachable						
Works well with others						
Responsible						
Respected by others						
High moral standards						

What recommendation do you give for the granting of credentials?

- Strongly recommend
- With some reservation
- Not at all

Additional Comments:

Endorser's Printed Name: _____

Signature: _____

Date Signed: _____

Do not return this form to the candidate. Return to the SD Assembly of the Church of God