

GLAD TIDINGS GOSPEL MINISTRY

RECOMMENDATION FROM PASTOR OR CHURCH OFFICIAL

(LAST NAME OF APPLICANT) (FIRST) (MIDDLE)

1. How long have you known the application? _____ How well? _____

2. Is the applicant a member of your church? _____ How long? _____

3. Has this person been active in the work of your church? _____

In what capacities? _____

4. How would you evaluate this person's Christian character and commitment? _____

5. How would you evaluate the family life and situation of this person? _____

6. How would you evaluate this person's attitude toward authority and instruction? _____

7. How would you evaluate this person's potential for a church related vocation? _____

8. Please list any additional information concerning the strengths and weaknesses of the applicant: _____

** ALL INFORMATION WILL BE HELD STRICTLY CONFIDENTIAL **

(YOUR NAME) (DATE)

(NAME OF CHURCH)

(ADDRESS OF CHURCH)

***Please place your recommendation in a sealed envelope and return it to the applicant, or you may mail it to the address listed below. Thank you and God bless!**

Glad Tidings Gospel Ministry

◆ P.O. Box 11 ◆ Chicago Ridge, Illinois 60415 ◆

◆ Phone: (708)389-3500 ◆ E-mail: info@gtgm.org ◆ Website: www.gtgm.org ◆