



**ACTS Fellowship International**

P.O. Box 2227

Owasso, Oklahoma 74055

Phone: (918) 357-1138

www.AFI.faith www.RGM.me

## **RECOMMENDATION FORM**

**Reference,** your name has been given as a recommendation for the person listed below. They are applying for membership in Acts Fellowship International. Serious consideration will be given to your remarks: therefore we ask that you carefully fill out this form. Your remarks will be kept confidential. Please return this form after completion to the A.F.I. address listed on the back page of this form.

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

**Address :** \_\_\_\_\_

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

**Name of Church or Ministry** \_\_\_\_\_

1. How long have you known the applicant? \_\_\_\_\_ Years \_\_\_\_\_ Months

2. How well do you know Him/Her? (Check one)

\_\_\_\_\_ By name only

\_\_\_\_\_ Casually- some personal contacts

\_\_\_\_\_ Very well, ministry contacts

\_\_\_\_\_ Fairly well

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

\_\_\_\_\_

3. From your observations, what is the applicant's involvement in church activities?

\_\_\_\_\_ Shows little interest; attends very little

\_\_\_\_\_ Attends regularly but does not participate

\_\_\_\_\_ Helps out, very cooperative

\_\_\_\_\_ Very involved and enthusiastic

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

\_\_\_\_\_

4. What do you see as the applicant's strong points? \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

5. What do you see as the applicant's weak points? \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

6. Does the applicant have any character traits which keep them from being able to work along side of others?  
Please specify: \_\_\_\_\_

7. To your knowledge, does the applicant have a definite call for the Five-Fold ministry, (Pastor, Teacher, etc.)  
or are they in the Helps ministry? \_\_\_\_\_

8. Please rate the applicant's character.

Leadership	_____ Above Average	_____ Average	_____ Below Average	_____ Unknown
Responsibility	_____ Above Average	_____ Average	_____ Below Average	_____ Unknown
Christian Commitment	_____ Above Average	_____ Average	_____ Below Average	_____ Unknown
Moral Character	_____ Above Average	_____ Average	_____ Below Average	_____ Unknown
Integrity/Honesty	_____ Above Average	_____ Average	_____ Below Average	_____ Unknown
Emotional Stability	_____ Above Average	_____ Average	_____ Below Average	_____ Unknown
Personal Appearance	_____ Above Average	_____ Average	_____ Below Average	_____ Unknown
Financial Responsibility	_____ Above Average	_____ Average	_____ Below Average	_____ Unknown

9. Please share with us any information about this applicant that would help with our decision concerning membership. \_\_\_\_\_

10. With the knowledge you have of this individual would you approve them for membership in A.F.I.?

\_\_\_\_\_ Highly approve      \_\_\_\_\_ Approve      \_\_\_\_\_ Would not approve

Thank you for your help with this applicant, we appreciate your cooperation!

**Your name:** \_\_\_\_\_

**Address:** \_\_\_\_\_

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

**Phone #'s** **Home:** \_\_\_\_\_ **Cell:** \_\_\_\_\_ **Work:** \_\_\_\_\_

**Date:** \_\_\_\_\_

**Please mail this form to:**

**ACTS FELLOWSHIP INTERNATIONAL**  
**P.O. Box 2227 \* Owasso, OK \* 74055**  
**Phone (918) 357-1138**