



4 CORNERS ALLIANCE

MINISTER'S RECOMMENDATION FORM

Minister's Recommendation

(Please give personal recommendation to someone you have known for at least three years.)

Applicant Name	Title:	Last:	First:	M.I.:
Address:			City:	State:
Your name has been given as a reference for the above person for membership. Thank you for thoughtfully and carefully completing this form. Please email completed form to 4ca@joanhunter.org or fax to 281-789-7497. Please be assured that your comments will be held in strictest confidence.				
Name of Church or Ministry:			Website:	
(1) How many years have you known the applicant?				
(2) What is your relationship to the applicant?				
(3) How well do you know him/her? <i>Please check appropriate description beside box below with an "X"</i>				
Very close ministry relationship	Yes <input type="checkbox"/> No <input type="checkbox"/>	Mentoring Relationship	Yes <input type="checkbox"/> No <input type="checkbox"/>	
Fairly well/numerous personal contacts	Yes <input type="checkbox"/> No <input type="checkbox"/>	By name/sight	Yes <input type="checkbox"/> No <input type="checkbox"/>	
Comments:				
(4) Response/attitude toward authority. <i>Please check appropriate description beside box below with an "X"</i>				
Helpful and cooperative	Yes <input type="checkbox"/> No <input type="checkbox"/>	Usually responsive	Yes <input type="checkbox"/> No <input type="checkbox"/>	
Resentful of authority	Yes <input type="checkbox"/> No <input type="checkbox"/>	Not cooperative/very resentful of authority	Yes <input type="checkbox"/> No <input type="checkbox"/>	
(5) Please give your knowledge of the applicant's involvement in church activities (check one)				
Enthusiastic and is deeply involved	Yes <input type="checkbox"/> No <input type="checkbox"/>	Cooperative/usually willing to help	Yes <input type="checkbox"/> No <input type="checkbox"/>	
Seldom participates, but attends regularly	Yes <input type="checkbox"/> No <input type="checkbox"/>	Attends irregularly/ shows little interest	Yes <input type="checkbox"/> No <input type="checkbox"/>	
(6) Please list strengths and weaknesses of the applicant:				
(7) Additional comments on the applicant:				
(8) I recommend the applicant for membership. Please select one choice below. Yes <input type="checkbox"/> Yes, with reservations. <input type="checkbox"/> No <input type="checkbox"/>				
Signature			Printed Name:	
Your age 18-25 <input type="checkbox"/> 26-35 <input type="checkbox"/> 36-50 <input type="checkbox"/> over 50 <input type="checkbox"/>				
<i>If you are a credentialed minister, please complete the following:</i>				
Ministry Name			Your Position:	
Organization credentialed with:			Number of years credentialed:	
Thank You! We appreciate your assistance. Email: 4ca@joanhunter.org				
Joan Hunter Ministries PO BOX 777 Pinehurst, TX 77362-0777 Phone (281) 789-7500 Fax: (281) 789-7497				