



LIGHT OF THE WORLD MINISTRIES

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RECOMMENDATION for MINISTERIAL ORDINATION

Name of Applicant

Sur Name	First Name	Middle
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The above person is applying for ministerial credentials with Light of the World Ministries. The questions listed below should be answered honestly and accurately, as serious consideration will be given to your answers.

Our files are kept confidential, so please fill out this form to the best of your ability and either mail it or return it to our office in a sealed envelope or email it to office@lotwafrica.org. You may request a digital form at the above email address if you prefer.

1. How long have you known the applicant?		_____ Years _____ Months
2. Has your relationship been:		<input type="checkbox"/> Intensive <input type="checkbox"/> Very close <input type="checkbox"/> Close <input type="checkbox"/> Casual <input type="checkbox"/> Intermittent <input type="checkbox"/> Distant <input type="checkbox"/> Other _____
3. What has been the nature of your acquaintance? Were you ...		
CHURCH <input type="checkbox"/> Pastor <input type="checkbox"/> Sunday School Teacher <input type="checkbox"/> Music Director <input type="checkbox"/> Co-Worker <input type="checkbox"/> Fellowship		SOCIAL <input type="checkbox"/> Friend of the Family <input type="checkbox"/> Personal Friend <input type="checkbox"/> Neighbor <input type="checkbox"/> Relative <input type="checkbox"/> Other _____
4. To your knowledge, does this individual have a definite call to the ministry? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Do not know	5. To your knowledge, is the applicant currently active in ministry? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Do not know	
6. Pulpit Experience / Preaching and Teaching: <input type="checkbox"/> Well experienced <input type="checkbox"/> Little experience <input type="checkbox"/> No experience <input type="checkbox"/> Do not know	7. Work Ability (in ministry areas) <input type="checkbox"/> Very industrious; does more than required <input type="checkbox"/> Satisfactory work ability <input type="checkbox"/> Enough to get by <input type="checkbox"/> Do not know	

8. Stability / Ability to withstand pressure: <input type="checkbox"/> Tolerates pressure well <input type="checkbox"/> Average tolerance; usually remains calm <input type="checkbox"/> Easily irritated <input type="checkbox"/> Cannot handle pressure <input type="checkbox"/> Do not know	9. Personal Organization: <input type="checkbox"/> Conscientious, tidy and clean <input type="checkbox"/> Fairly neat <input type="checkbox"/> Tends to be disorderly <input type="checkbox"/> Disorganized and untidy <input type="checkbox"/> Do not know		
10. Response / Attitude to Authority: <input type="checkbox"/> Helpful and cooperative <input type="checkbox"/> Usually responds positively <input type="checkbox"/> Resentful toward authority <input type="checkbox"/> Not cooperative / very resentful <input type="checkbox"/> Do not know	11. Emotional Stability: <input type="checkbox"/> Self-controlled and mature <input type="checkbox"/> Usually stable <input type="checkbox"/> Moody and changeable <input type="checkbox"/> Many uncontrolled periods / unpredictable <input type="checkbox"/> Do not know		
12. From your knowledge of the applicant's general character, their past record and present behaviour, please check any of the following which apply: <input type="checkbox"/> Uses tobacco <input type="checkbox"/> Gambles <input type="checkbox"/> Drinks alcoholic beverages <input type="checkbox"/> Has been involved in serious community disturbances <input type="checkbox"/> Has been arrested for other than minor traffic violations <input type="checkbox"/> Has been involved in traditional practices (sangoma, "prophet" etc) <input type="checkbox"/> Has a reputation for involvement in behaviour indicating serious moral weakness.			
13. Having observed this person in the ministry, would you: <input type="checkbox"/> Highly recommend <input type="checkbox"/> Recommend <input type="checkbox"/> Not recommend <input type="checkbox"/> I do not know enough about his or her ministry to make a valid recommendation. <input type="checkbox"/> Recommend with reservation Please state reservations: <hr/> <hr/>			
14. Please give your personal comments as to the integrity of the applicant to aid in our decision-making: <hr/> <hr/>			
Your Name (Please Print)	Sur Name:	First Name:	
Are you a Bible School Graduate?	<input type="checkbox"/> Yes <input type="checkbox"/> No If yes, which Bible school?		
Age	<input type="checkbox"/> 18-25 <input type="checkbox"/> 26-35 <input type="checkbox"/> 36-50 <input type="checkbox"/> 51 over		
Address	PO Box / Bag	City	Country
Phone	Cell	Landline	
Email Address			
Signature			

Thank you for taking time to complete this recommendation form.