



**Local Ministry Recommendation**

**A. Local Ministry Being Verified**

Name- \_\_\_\_\_ Phone- \_\_\_\_\_

Address- \_\_\_\_\_

Responsible Leader(s)- \_\_\_\_\_

**B. Ministry Providing the Recommendation**

Name- \_\_\_\_\_ Phone- \_\_\_\_\_

Address- \_\_\_\_\_

Email Address- \_\_\_\_\_

Responsible Leader(s)- \_\_\_\_\_

**C. Evaluation**

1. How long have you known this ministry? \_\_\_\_\_

2. How effective has the ministry been in your local area? Please list what you have observed:

\_\_\_\_\_  
\_\_\_\_\_

3. Are you aware of any problems this ministry has occurred? Please list:

\_\_\_\_\_  
\_\_\_\_\_

**D. Attestment**

Do you believe this ministry to be a moral, Biblically based ministry in all of its dealings?

Highly Believe     Believe with Reservation     Believe     Do Not Believe

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

Please email Recommendation to [info@christcentered.info](mailto:info@christcentered.info)