



Abuse Recovery Ministry & Services Confidential Leader Recommendation Form

If you prefer, you can complete this form under "Forms" on our website at AbuseRecovery.org Thank you for your time and assistance.

1. Leader's Name: _____ Ph: _____ Group Location: _____

2. Trainee's Name: _____ Ph: _____ Email: _____

3. How long have you known the applicant? _____

4. How well do you know the applicant? ☐ Very well ☐ fairly well ☐ casually ☐ not well

5. Have they completed all 15 lessons? ☐ Yes ☐ No

6. Rank the applicant from your observation of them in class:

1=poor 2=minimal 3=average 4=excellent 5=outstanding

Reliable	1 2 3 4 5	Dealt with their own personal issues	1 2 3 4 5
Teachable	1 2 3 4 5	Ability to minister to the women	1 2 3 4 5
Positive	1 2 3 4 5	Listening ability	1 2 3 4 5
Organized	1 2 3 4 5	Spiritually mature	1 2 3 4 5
Truthfulness	1 2 3 4 5	Communication skills	1 2 3 4 5
Thoughtful	1 2 3 4 5	Sensitive to women's needs	1 2 3 4 5

7. Rank the applicant based on your observation of them in class: 1 never – 5 often

"Fix it" mentality	1 2 3 4 5	Easily discouraged	1 2 3 4 5
Easily angered	1 2 3 4 5	Overly sensitive	1 2 3 4 5
Late to class	1 2 3 4 5	Angry at men	1 2 3 4 5

8. Do you have any concerns about the applicant? ☐ No ☐ Yes, explain _____

9. Based on the above information, the applicant is:

☐ Strongly recommended ☐ Recommended ☐ Recommended with reservations

☐ Not recommended

10. If you are recommending this applicant, please comment on why you feel this person would make a good leader. _____

Signature: _____ Print Name: _____ Date: _____

Please mail to:

ARMS-PO Box 663 Hillsboro, OR 97123 or scan and email to admin@armsonline.org
503-846-9284