



Abuse Recovery Ministry & Service Church Staff Recommendation Form

The person giving you this form is applying for a leadership position in our ministry for women who have suffered domestic abuse. In order to maintain the integrity of the program and provide excellence to the women we serve, our prospective leaders are required to have a church staff member fill out this form. Thank you for your time and cooperation.

1. Name: _____ Applicant's name: _____ Date: _____

2. Address: _____ Phone: _____

3. How long have you known the applicant? _____

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

5. Does the applicant attend church regularly ☐ Yes ☐ No

6. Has the applicant been involved in ministry at your church? ☐ No ☐ Yes ☐ What ministry?

7. Rank the applicant based on what you have observed:

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

Reliable	1 2 3 4 5	Servants heart	1 2 3 4 5
Teachable	1 2 3 4 5	Ability to minister effectively	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 the needs of others	1 2 3 4 5

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

9. Based on how well you know the applicant, in terms of ministry, would you:

☐ 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: _____ Date: _____

Please scan and email to admin@abuserecovery.org or mail to: ARMS PO Box 663 Hillsboro, OR 97123

Phone: 503-846-9284 Fax: 503-846-1182