



## Abuse Recovery Ministry & Service Church/Ministry Leader/Spiritual Mentor 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, ministry leader or spiritual mentor fill out this form. Thank you for your time and cooperation.

1. Your Name: \_\_\_\_\_ Applicant's name: \_\_\_\_\_ Date: \_\_\_\_\_

2. Your Phone: \_\_\_\_\_ Your email: \_\_\_\_\_

3. How long have you known the applicant? \_\_\_\_\_ Relationship to them: \_\_\_\_\_

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

5. Does the applicant attend church regularly  Yes  No Comments: \_\_\_\_\_

6. Has the applicant been involved in ministry?  No  Yes  If 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 recommend  Recommend  Recommend with reservations  Not recommend

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 [info@abuserecovery.org](mailto:info@abuserecovery.org) or  
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