



**Breath of The Spirit Ministries, Inc.**  
**ORDINATION APPLICATION FORM**  
**CONFIDENTIAL**

Please print information completely and clearly.

**MINISTRY RECOMMENDATION FORM**

Personal Information				
Applicant Name	Title:	Last:	First:	M.I.:
Address:		Apt/Unit #:	City:	ST: Zip:
<p><b>Your name has been given as a reference for the above person for their Ordination with Breath of the Spirit Ministries, Inc. Thank you for thoughtfully and carefully completing this form. Please email completed form to Steven@MyOnar.com or mail it to P.O. Box 1356, Lake Dallas, TX 75065-1356. Please be assured that your comments will be held within the strictest confidence.</b></p>				
Name of Church or Ministry:			Website:	
How well do you know the applicant? Please check appropriate box				
How many years have you known the applicant?		What is your relationship to the applicant?		
Very Close Relationship: Yes <input type="checkbox"/> No <input type="checkbox"/> Comment:	Mentoring Relationship: Yes <input type="checkbox"/> No <input type="checkbox"/> Comment:	Fairly well/numerous personal contacts: Yes <input type="checkbox"/> No <input type="checkbox"/> Comment:	By Name/sight: Yes <input type="checkbox"/> No <input type="checkbox"/> Comment:	
Response/Attitude Toward Authority Please check appropriate box				
Helpful and cooperative: Yes <input type="checkbox"/> No <input type="checkbox"/> Comment:	Resentful of Authority: Yes <input type="checkbox"/> No <input type="checkbox"/> Comment:	Usually Responsive: Yes <input type="checkbox"/> No <input type="checkbox"/> Comment:	Not Cooperative/very resentful of authority: Yes <input type="checkbox"/> No <input type="checkbox"/> Comment:	
Please give your knowledge of the applicant's involvement in church activities Please check appropriate box				
Enthusiastic and is deeply involved: Yes <input type="checkbox"/> No <input type="checkbox"/> Comment:	Cooperative/usually willing to help: Yes <input type="checkbox"/> No <input type="checkbox"/> Comment:	Seldom participates, but attends regularly: Yes <input type="checkbox"/> No <input type="checkbox"/> Comment:	Attends irregularly/shows little interest: Yes <input type="checkbox"/> No <input type="checkbox"/> Comment:	
Please list applicant's Strengths and Weaknesses:				
Please provide any additional comments about the applicant:				
I recommend the applicant for ordination. Yes <input type="checkbox"/> Yes, with reservations <input type="checkbox"/> please explain: _____ No <input type="checkbox"/>				
Print Your Name:			Signature:	
Your Age: 18 – 25 <input type="checkbox"/> 26 – 35 <input type="checkbox"/> 36 – 50 <input type="checkbox"/> over 50 <input type="checkbox"/>			Phone # (optional):	
If you are a credentialed minister, please complete the following				
Ministry Name:			Your Position:	
Organization credentialed with:			Number of years credentialed:	
Thank you! We appreciate your assistance				
Breath of the Spirit Ministries, Inc., P.O. Box 1356, Lake Dallas, TX 75065-1356 (972) 253-6653 - Email: Steven@MyOnar.com				



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