

SI'ON MINISTRIES, INC.

PO Box 214

Cordell, OK 73632

Tel: 580-660-0529 Fax: 580-726-2416

Web: www.sionmin.org E-mail: sionmin@yahoo.com

LETTER OF RECOMMENDATION

Applicant's Name: _____ **Date:** _____

Dear Pastor or Friend,

Thank you for your time. Please answer the questions below to the best of your knowledge about the above named applicant. He/she has applied for ministry credentials with Si'on Ministries. Include any comments or information you feel will be relevant and mail back to our office in the addressed and stamped envelope provided.

How long have you known this applicant? _____

What is your relationship to him/her? _____

Please describe his/her personal and Christian character: _____

From personal observation or by prophecy, do you believe this person to be called of God as a minister according to Ephesians 4:11? ___ Yes ___ No

To your knowledge, what kind of experience or training does he/she have in ministry, if any?

Would you recommend this person for ministry credentials? ___ Yes ___ No

If no, explain: _____

Can we call you if we have questions? ___ Yes ___ No Best time to reach you _____

Name: _____

Address: _____

City: _____ State: ___ Zip code: _____ Phone: _____

Signature: _____ Date: _____