



# Orlando House of Prayer

495 W. Silver Star Rd.  
Ocoee, FL 34761  
Phone: 407-877-5970 Fax: 407-614-4360  
E-Mail: FMA@orlandohop.org  
Web: www.orlandohop.org

## Pastoral Recommendation

**This section is to be completed by the applicant:**

Name: \_\_\_\_\_

Address: \_\_\_\_\_

City: State: ZIP: \_\_\_\_\_

Home Phone: ( ) \_\_\_\_\_ Mobile Phone: ( ) \_\_\_\_\_

E-mail Address: \_\_\_\_\_

***This section is to be completed by the pastor who is referring the leader:***

**A note from FMA:**

The above-named person is applying for the Forerunner Messenger Alliance  
FMA is a group of Radical Forerunners who are intent on "Encountering God and Manifesting His Kingdom." We envision End-Time Forerunners being raised up in these Prophetic Days who will operate in the Spirit and Anointing of Elijah (Mal. 4:1-6, Lk. 1:13-17) for the sole purpose of Glorifying Jesus and preaching His Gospel with humility, boldness and power.

1. How long have you known the applicant? \_\_\_\_\_

2. How well do you know the applicant? (Please check one)  
 not very well  casually  well  very well

3. Do you believe the applicant is a committed Christian?  Yes  No

4. To what extent is the applicant involved in your church?  
 no involvement  slightly involved  involved  very involved

5. What special talents has he/she shown? \_\_\_\_\_

6. What leadership abilities has he/she shown? \_\_\_\_\_

7. To your knowledge, has the applicant participated in the use of intoxicants, tobacco, or illegal drugs?  Yes  No If yes, please explain. \_\_\_\_\_

8. Do you know of any reason why the applicant wouldn't be suitable to participate in FMA?

Yes  No If yes, please explain. \_\_\_\_\_

9. To your knowledge, has the applicant ever displayed inappropriate behavior towards a minor?

Yes  No If yes, please explain. \_\_\_\_\_

Please rate the applicant on the following areas:

**Category Excellent Good Fair Poor Comments**

	Excellent	Good	Fair	Poor	Comments
Christian life					
Ability to get along with others					
Leadership					
Cooperation					
Teachable					
Emotional stability					
Health					
Attitude towards authority					

Other:

Knowing the applicant as you do, what recommendation would you make? (please select one)

- Strongly recommend
- Recommend
- Recommend with reservation
- Do not recommend
- Prefer not to make a recommendation

Please choose one of the following:

I am personally acquainted with the applicant and, in my opinion, he/she is competent and qualified to work with minors of any age. I know of no facts or allegations that raise any question concerning his/her suitability for working with minors in any activity.

I prefer to discuss my response by telephone. I can be reached at the following telephone number during the day: ( \_\_\_\_\_ ) \_\_\_\_\_

Pastor's Information

Church Name: \_\_\_\_\_

Address: \_\_\_\_\_

City: State: ZIP: \_\_\_\_\_

Home Phone: ( ) \_\_\_\_\_ Mobile Phone: ( ) \_\_\_\_\_

E-mail Address: \_\_\_\_\_

X \_\_\_\_\_

*Pastor's Signature*

\_\_\_\_\_

*Pastor's Name (please print)*