

**To be
completed
by
Your
Pastor**

Board of Ordained Ministry
East Ohio Conference
The United Methodist Church



Pastor's Recommendation

Revised June 2008

Applicant's Name: _____
Your Name: _____ Position: _____
Number of years you have known applicant: _____ In what capacity: _____

This evaluation form is to be completed by the applicant's pastor in order to provide the East Ohio Annual Conference Board of Ordained Ministry some of the insights and information necessary as it considers this applicant's request for Provisional or Full Membership. Please send the completed form to the Registrar of Deacons.

**Jean Forbes, Registrar of Deacons
1569 Wedgewood Way
Wooster, OH 44691**

+++++ **RELEASE** +++++

I hereby authorize _____ (Pastor) to release the information requested below to the Registrar named above.

Signed: _____ Date: _____

Note to the applicant: Please take this form to your pastor for completion, and have it sent to the Registrar of the East Ohio Conference Board of Ordained Ministry (address provided above).

Note to the person completing this form:

**Do not return this form to the applicant.
Please send it directly to the Board of Ordained Ministry official named above.**

1. Comment on the applicant's involvement and effectiveness in the ministry of the local church

2. Please share your observations about the **personality** strengths and weaknesses of the applicant, and the **spiritual** growth and development of the applicant, as you see them relating to ministry of Service and Word.

3. Do you consider the applicant ready for Provisional of Full Membership in an Annual Conference?

Yes No

Your Signature: _____ Date _____

Position: _____ Phone _____ ext _____

Church _____

Address _____

City, State, Zip _____