

**CANADIAN CHURCH OF GOD MINISTRIES  
CREDENTIALS DIVISION**

**MINISTERIAL ENDORSEMENT FORM**

**MEF**

**Applicant Information**

Applicant's Name: \_\_\_\_\_

Applicant's Address: \_\_\_\_\_

City: \_\_\_\_\_ Province: \_\_\_\_\_ P.C.: \_\_\_\_\_

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*\* The following portion of this form is to be filled out by a minister, a current or former pastor, or a professor who knows you well.*

**Endorser's Information**

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

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

City: \_\_\_\_\_ Province: \_\_\_\_\_ P.C.: \_\_\_\_\_

Phone: \_\_\_\_\_ Current Position: \_\_\_\_\_

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

In what relationship have you known the applicant? \_\_\_\_\_

Please indicate your assessment of the applicant in the following areas.  
(1 being high - 5 being low).

<b>Qualities</b>	<b>1</b>	<b>2</b>	<b>3</b>	<b>4</b>	<b>5</b>	<b>Comments</b>
Honest/Integrity						
Self motivated						
Friendly						
Cooperative						
Teachable						
Works well with others						
Responsible						
Respected by others						
High Moral Standards						

What is this applicant's greatest strength? \_\_\_\_\_

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What area does this applicant most need to strengthen? \_\_\_\_\_

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Would you recommend this applicant be considered for ministerial credentials?

Strongly recommend \_\_\_\_\_ Recommend with reservation \_\_\_\_\_ Not recommend \_\_\_\_\_

Additional Comments: \_\_\_\_\_

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Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**Return to:**

***CREDENTIALS DIVISION  
Unit #102, 4909B – 48 Street  
Camrose, AB T4V 1L7***