

PRAYER CLINIC ONLINE

Prayer Ministry Team Pastor / Cell Leader Reference Form

Pastor/Cell Leader Name _____

Church _____ Address _____

Phone (____) _____

Dear Pastor / Cell Leader:

We have received an application from a member of your congregation / cell group to be considered to serve on a healing ministry prayer team. Would you kindly answer the following questionnaire to the best of your ability? Thank you so much for your assistance.

1. Name of applicant: _____

2. How long have you known the applicant? _____

3. In what areas has the applicant served? _____

In what areas are they serving now? _____

4. In what areas have they demonstrated an ability to lead? _____

5. On a scale from 1 to 10 – (1 being the least and 10 being the greatest) assess the ability of the applicant:

a) to lead _____

b) teachable spirit _____

c) faithful _____

d) consistent _____

e) follows directions _____

f) open to loving correction _____

g) takes initiative _____

h) trustworthy _____

i) passionate for the lost _____

6. In what ways has the applicant demonstrated they have a servant heart and a love for God, His people and the lost?

7. What has been the level of commitment you have seen? (scale 1-10, 1=least)

Faithful _____ Consistent _____ Inconsistent _____

Please comment _____

8. Would you consider this person actively open to the sanctification process?

9. Are you aware of any reason why the applicant should not be accepted on our team?

PLEASE E-MAIL YOUR RESPONSES TO:

Help@PrayerClinic.info