



**THE NETWORK OF LOCAL CHURCHES, INC.**

**2100 Agler Road  
Columbus, Ohio 43224  
(614) 471-9673  
(614) 471-7665 (Fax)  
www.rhemachristiancenter.com**

**RECOMMENDATION  
for  
NLC MEMBERSHIP**

(PLEASE TYPE OR PRINT)

**NAME OF CANDIDATE**

LAST NAME

FIRST NAME

MI

**EVALUATOR**

The Pastor/Minister evaluator is to complete the remainder of this document. Please return your completed recommendation to:

**THE NETWORK OF LOCAL CHURCHES, INC.  
2100 Agler Road  
Columbus, Ohio 43224**

TITLE:  Pastor  Minister  Dr.  Rev.  Other \_\_\_\_\_

LAST NAME

FIRST NAME

MI

MINISTRY NAME \_\_\_\_\_

STREET ADDRESS \_\_\_\_\_

CITY

STATE

ZIP

TELEPHONE (\_\_\_\_) \_\_\_\_\_

ARE YOU: LICENSED  YES  NO

ORDAINED  YES  NO

ARE YOU CURRENTLY A NLC MEMBER?  YES  NO

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

2. What is the extent of your relationship?  Very close  Close  Casual  Intermittent

3. What has been the nature of your acquaintance?  Pastor  Co-worker  Personal friend

Friend of family

Fellowship/Social

Other \_\_\_\_\_

4. To the best of your knowledge, do you believe this person has a definite call to full-time ministry?

Yes  No

5. To the best of your knowledge, is this applicant involved in some area of ministry?  Yes  No

6. Does the applicant have a positive spiritual influence on others?  Yes  No

7. Does the applicant currently hold a secular job?  Yes  No  Not sure

If so, is it  Full-time  Part-time

8. To the best of your knowledge, has the applicant participated in any of the following within the last four years:

Nicotine  Alcohol  Use of illegal drugs

Living with someone of the opposite sex as though married

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

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

9. To the best of your knowledge, does this applicant have any personality traits that may hinder his/her relationship with others?  Yes  No

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

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

