5. Please elaborate on your recommendation choice in question #4 by stating why you do or do not recommend the applicant and what reservation, if any, you may have. Please emphasize any special skills, talents, spiritual gifting and personal strengths the applicant may have as well as any areas of significant weakness:

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(Attach separate sheets if extra space is needed)

Church Name _____
Address _____
City _____
State_____ Zip _____

Pastor\Leader Name _____ Phone _____
Signature _____ Date _____

Thank you sincerely for your assistance,

In His Service,

The Living Word Healing Room Ministry

Please mail completed form in enclosed, stamped envelope.