



Name of Organization \_\_\_\_\_  
(Please Print)

Hello!

Our organization is applying for our **501 (c) (3) status** through Logos Global Network of Christian Ministries. As a leader in the above organization, I have selected you as a:

Ministerial Reference

Business or Work Reference

Personal Reference

Please complete the following reference form and return it directly to Logos Global Network of Christian Ministries. I have provided a stamped envelope for that purpose.

I hereby specifically request and authorize you to release any information that you feel would be necessary for such review in the processing of our application for non-profit status.

DATE

SIGNATURE OF APPLICANT

\_\_\_\_\_  
(Please Print)

Leaders of institutions applying for non-profit status are required to provide three references for the Review Committee, so that it can be ascertained that the leadership of the institution in question holds to the values and ethical views that are held by Logos Global Network of Christian Ministries. These references should be a ministerial reference, a business or work reference, and a personal reference.

**INSTRUCTIONS TO APPLICANT:**

1. Please enter the identifying information in the box above.
2. Identify the type of reference being requested.
3. Sign and date the reference request.
4. Deliver to your reference for completion.

**INSTRUCTIONS TO REFERENCE:**

1. Please complete the accompanying reference form for the applicant.
2. Attach a separate letter to provide any additional details you desire.
3. Please return the form to Logos Global Network of Christian Ministries.

Thank you in advance for your willingness to serve as a reference for this applicant. Logos Global Network will give careful consideration to your comments, and will hold them in strict confidence.

## REFERENCE INFORMATION

Title:

Name:

Home Address:

City / State / Zip Code:

Home Phone:

Work Phone:

Email Address:

## QUESTIONS:

1. How long have you known the applicant?

2. What is the nature of your relationship to the applicant?

3. What are the applicant's three greatest strengths as a leader?

4. In what areas do you feel that the applicant could grow as a leader? Please explain your answer.

5. Does the applicant possess any traits that you know of that would hinder the vision and mission of the institution?

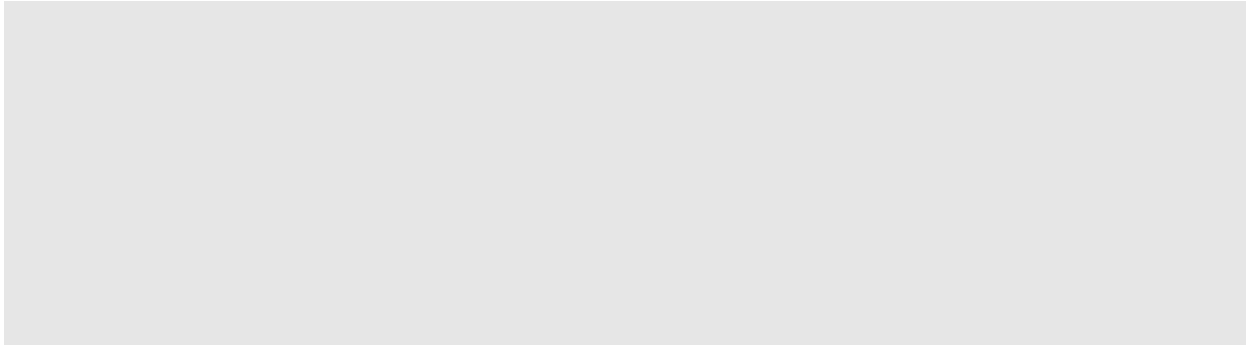
6. Do you feel that the applicant, acting as a leader, has the ability to communicate effectively the vision, mission and goals of the institution? Why or why not?

7. Do you feel that the applicant is a team player, able to work effectively with others in a group setting on a common task?

How would you rate the applicant in the following areas?

Faithfulness, loyalty and dependability	<input type="checkbox"/> Excellent	<input type="checkbox"/> Good	<input type="checkbox"/> Average	<input type="checkbox"/> Poor
Honesty, trustworthiness	<input type="checkbox"/> Excellent	<input type="checkbox"/> Good	<input type="checkbox"/> Average	<input type="checkbox"/> Poor
Ability to work and interact well with others	<input type="checkbox"/> Excellent	<input type="checkbox"/> Good	<input type="checkbox"/> Average	<input type="checkbox"/> Poor
Financial responsibility, pays bills on time	<input type="checkbox"/> Excellent	<input type="checkbox"/> Good	<input type="checkbox"/> Average	<input type="checkbox"/> Poor
Marriage, family and household relationships	<input type="checkbox"/> Excellent	<input type="checkbox"/> Good	<input type="checkbox"/> Average	<input type="checkbox"/> Poor
Personal hygiene and grooming	<input type="checkbox"/> Excellent	<input type="checkbox"/> Good	<input type="checkbox"/> Average	<input type="checkbox"/> Poor
General attitude toward others	<input type="checkbox"/> Excellent	<input type="checkbox"/> Good	<input type="checkbox"/> Average	<input type="checkbox"/> Poor
His/her ability and calling as a leader	<input type="checkbox"/> Excellent	<input type="checkbox"/> Good	<input type="checkbox"/> Average	<input type="checkbox"/> Poor

Please use the space below to share any other information related to your personal recommendation of the applicant.



I certify that the information I have provided in this reference is both factual and accurate to the best of my knowledge and belief. I understand that my comments and observations will be considered in the review of institution's application for non-profit status, and will have a significant bearing on the final decision made by the Review Committee of Logos Global Network of Christian Ministries.



DATE



SIGNATURE

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(Please Print)

Logos Global Network  
PO Box 351087  
Jacksonville, Florida 32235

Telephone number: 1800-776-0127 Ext 9 or 904-352-1826  
Fax number: 904-527-3581

[lgnfamily.org](http://lgnfamily.org)