



LOGOS GLOBAL NETWORK OF CHRISTIAN MINISTRIES, INC.
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 www.lgnfamily.org

501 (C) (3) RECOMMENDATION FORM

Name of Applying 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 via email (info@lgnfamily.org) or mail to the address listed above.

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

EMAIL _____ **OR** _____

(Please Print)

PHONE (____) _____

Leaders of institutions applying for non-profit status are required to provide three references to be reviewed by the Commission for Subordinate Compliance, 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.

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 to be sent directly to LGN.

SIGNATURE OF APPLICANT

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 (**mail or email**).

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 organization?

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"/> N/A
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



Excellent



Good



Average



Poor

Please use the space below to share any other information related to your personal recommendation of the applicant. You may also submit a personal letter.

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 by the Commission for Subordinate Compliance of Logos Global Network of Christian Ministries and will have a significant bearing on the final decision made. .

DATE

SIGNATURE

(Please Print)