



501 (C) (3) RECOMMENDATION FORM

LOGOS GLOBAL NETWORK, INC.

PO Box 351087 Jacksonville, FL 32235

Phone: 1-888-985-6467 or 904-559-1641 Fax: 1-888-842-4685

www.lgnfamily.org

Name of Applying Organization _____

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

<input type="checkbox"/>	Ministerial Reference
<input type="checkbox"/>	Business or Work Reference
<input type="checkbox"/>	Personal Reference

Please complete the following reference form and return it directly to Logos Global Network 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: _____

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.

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.

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 (**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: _____

Home Phone: _____

Work Phone: _____

Email Address: _____

QUESTIONS:

How long have you known the applicant?

What is the nature of your relationship to the applicant?

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

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

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

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?

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?

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

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 and will have a significant bearing on the final decision made.

DATE

SIGNATURE