

**EFCA Chaplain Candidate**  
**RECOMMENDATION AND REFERENCE FORM**  
(Evangelical pastor, chaplain, instructor, mentor)

Name of Chaplain Candidate applicant: \_\_\_\_\_

1. For what length of time have you known this applicant? \_\_\_\_\_

In what context/capacity have you been acquainted? \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

2. On a scale of 1-10 (poor to excellent), how would you rate the over-all competency of the applicant to serve as pastor/chaplain? \_\_\_\_\_ Please give an example: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

3. What, in your judgement, are the strengths of the applicant as a pastor/chaplain?

\_\_\_\_\_  
\_\_\_\_\_

4. What, in your judgement, are the limitations of the applicant as a pastor/chaplain?

\_\_\_\_\_  
\_\_\_\_\_

5. Based on biblical standards, what evidence is there that this applicant is a Christian?

\_\_\_\_\_  
\_\_\_\_\_

6. In what ways has it been evident to you that this applicant has a call to the Gospel ministry?

\_\_\_\_\_  
\_\_\_\_\_

7. Would you have any reservations about this applicant serving as a pastor/chaplain in either a military or an institutional setting?  Yes  No

Please explain. \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

Name: \_\_\_\_\_ Position \_\_\_\_\_

Church/Institution: \_\_\_\_\_ Date \_\_\_\_\_

Address: \_\_\_\_\_

Signature: \_\_\_\_\_

Mail to: Chaplains Ministries, 901 East 78<sup>th</sup> Street, Minneapolis, MN 55420  
or email to: Chaplains@efca.org