



New Mexico Women of Worship
Pastor / Minister of Music Recommendation Form
(To be completed by the Pastor/Worship Leader/Minister of Music)
Please Print

Date _____

Name of Applicant _____ Church _____

Please be as candid as possible

1. Is this applicant a member of your church? **Yes** **No**
 a. If not, where is their church membership? _____

2. Does this applicant have a role in the music/worship ministry at your church? **Yes** **No**
 a. Please elaborate: _____

3. Is this applicant a dedicated, committed Christian, faithful and responsible in serving in their position?
 a. Please elaborate: _____

4. This applicant participates regularly in the music ministry of the church which I serve. **Yes** **No**
 a. List areas and frequency of participation: _____

5. Knowing this applicant, to what degree would you recommend her to be a part of this ministry?

1
2
3
4
5

Not at all
Very Highly

Explain any answer which needs elaboration or give additional comments which may be helpful. (Use the back of this page if necessary.)

Please describe any additional Christian leadership this applicant demonstrates through the church or in the community.

Music Reading Ability (circle one): **None** **Basic** **Intermediate** **Advanced**

Your Name _____ Signature _____

Position _____ Phone _____