

LiFEgame Volunteer Recommendation Letter

Applicant Name :

Date :

Applicant Email :

1. Would you recommend the applicant?

Yes, I strongly recommend

Yes, but with reservation

No, I do not recommend

2. What do you perceive are the applicant's strengths and spiritual gifts?



3. What are the applicant's weaker areas?

Referral Name :

Church :

Referral Email :

Phone :

Title : **Pastor/Minister**

Elder/Deacon

Fellowship Leader

Other :

Please send the completed form to lifeimpactministriesusa@gmail.com