

Mentor Recommendation of Life, Ministry and Integrity Form

After careful evaluation from	(Starting Date) until	(Completion Date),
I		(Name of Mentor)
as the District (National) Approved N	1entor from	
(Name of District) – fully recommend	t	
(Name of Candidate) to be examined	l by the District Examining Board	for Ordination.

We have completed the *Mentor Assessment Preparation* and I am confident that this candidate has the theological understanding, the ministry skill, the ethical integrity and the personal relationship with God and others that would reflect a close walk with Jesus Christ.

Candidate Print Name

Mentor Print Name

Candidate Sign Name

Mentor Sign Name

