



Evangelical Church Alliance Referral for Ordination

Candidate's Name: _____

Date: _____

The candidate listed above has been a Licensed Minister in good standing with the ECA since _____.

This candidate has requested to be considered for ordination. As one who has authority and/or leadership in this candidate's life, please assist us with this process by completing this form.

Please include the following information about yourself:

Name: _____ Title: _____

Church or Organization you are employed with: _____

Business Address: _____

Business Phone: _____ Fax: _____ Email: _____

Please include the following information about the Candidate:

To the best of your ability, is the candidate evangelical in doctrine, does he/she have a viable ministry, and is he/she living a separated, consecrated, and consistent Christian life? (Please answer "yes" or "no.") _____

If you have answered "No," please explain: _____

How long have you known the candidate? _____

What is the candidate's ministry title? _____

How long has the candidate served in this position? _____

Is this a full-time or part-time position? _____ If part-time, how many hours a week? _____

If the candidate is employed elsewhere, please describe activity and how many hours a week: _____

Please describe the candidate's continuing education since he/she has become licensed: _____

Do you believe that the candidate qualifies for ordination? (Please answer "yes" or "no.") _____

If you have answered "No," please explain: _____

How would the candidate benefit from ordination? _____

Please list any additional comments: _____

Thank you for giving your time in this important process. Please mail this form in the attached envelope directly to ECA, PO Box 9, Bradley, IL 60915.

Signature: _____