Mississippi Baptist Singing Churchwomen Pastor / Minister of Music Recommendation Form

(To be completed by the Pastor/Worship Leader/Minister of Music)

<u>Please Print or Type</u>

Date					
Name of Applicant:				Church:	
•••••		• • • • • • •	• • • • • • •	••••	
Th	eadership positions in who will: Worship and le Grow spirituall Encourage and Establish a stat	their local ead in wors ly, profession I support ti tewide net eships acros	church mand thip of Almonally, and the work of Cost our start	nusic/wo nighty (d music f music hristian te in a u	ically c and worship ministry n peers and mentors unified effort, combining styles of music and worship
Please be	as candid as possibl	<u>le</u> .			(Please email ksmith@mbcb.org with any questions)
1. Is	this applicant a me If not, where			•	
	* *		•		the music/worship ministry of your church?yesno
pc 4. Th	osition? yes	n pates regu	o Pleas ılarly in t	e elabo	orate: no
6. Kr	nowing this applicar	nt and hav	ing read	the M	nority figures yes no Nission Statement of the MS Baptist Singing Churchwomen, <u>to where were a part of this ministry?</u>
<u>uc</u>	1 Not at all	2	3	4	5 Very highly
Explain any	answer which needs	elaboratio	n or give	additio	onal comments which may be helpful. (Use the back of this page)
Please desc	cribe any additional C	hristian lea	idership t	his app	olicant demonstrates through the church or in the community.
Your Name					Signature:

This is a confidential document. The applicant is not to see the completed form. Please return to: MS Baptist Singing Churchwomen, Worship Ministries, P O Box 530, Jackson, MS 39205 (Please seal in envelope, sign the envelope, and return to address above.)

Phone: _____