



ATHENS SCHOOL *of* MINISTRY  
& WORSHIP ARTS

## Prayer Minister Recommendation Form

Dear Pastor,

\_\_\_\_\_ (name) has made application to the Athens School of Ministry & Worship Arts to serve as a Prayer Minister affiliated with the college as one of our outreach and training ministries. For complete details about ASM&WA's prayer philosophy and ministry, please see [www.asmwa.org](http://www.asmwa.org).

To ensure that participants' Prayer Ministry experience is one that will honor the Lord, we would like to ask for your kind response to the following questions about the above-named Prayer Minister applicant. Thank you for completing this form and mailing it to: PO Box 7953, Athens, GA 30606. Alternatively, you may fax the completed form to 706-769-1479, or scan and email it to [prayer.asmwa@gmail.com](mailto:prayer.asmwa@gmail.com).

Thank you for the generosity of your time to complete this recommendation form.

1. How regularly does the applicant attend your church?
2. In what ministries (at your church or other) is the applicant currently involved?
3. In your estimation, is the applicant spiritually and emotionally equipped to serve as a Prayer Minister? (Please explain your response.)
4. Would you recommend the applicant as a Prayer Minister? (Please explain your response.)

Please indicate below if ASM&WA has permission to share your responses with the applicant or if you prefer that your responses remain confidential.

Permission to share responses     Responses are confidential

Your Name: \_\_\_\_\_ Church Name: \_\_\_\_\_

Signature: \_\_\_\_\_ Date: \_\_\_\_\_