

Pastor Recommendation Form for  
Individual to begin Candidacy Process  
(Please complete form and return it to the District Office Administrator)  
*It is not a requirement to share this form with the potential candidate*

Name of individual seeking candidacy: \_\_\_\_\_

Name of pastor: \_\_\_\_\_

Name of church: \_\_\_\_\_

How long has this person been a member of The United Methodist Church?

Have you met with and discussed the "Whom Shall I Send" characteristics with this person regarding their call to ministry?

Given the "Whom Shall I Send" characteristics, what characteristics have you observed in this person that lead you to recommend them for licensed or ordained ministry?

Do you have any personal concerns about this person exploring candidacy in the United Methodist Church? If any, please explain.

**Do you recommend that this person pursue exploring candidacy in the United Methodist Church?**

**YES**

**NO**

Pastor's Signature: \_\_\_\_\_

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