



International Apostolic Network

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Personal Reference Form

TO BE COMPLETED BY THE APPLICANT:

Surname: _____ Other Names: _____

Address: _____

Telephone: _____ E-mail: _____

To the Personal Reference:

IAN is an organization offering encouragement, teaching and accountability for those who are called to be an apostle. This recommendation form is to be completed by a ministry peer, not a spouse or relative - one who has known the applicant and their ministry for at least 2 years and can attest that they are truly apostles. Please return this form directly to the applicant in a sealed envelope or send directly to the address above. If you have any questions, please e-mail: peterwhitehouse@msn.com. Thank you for your willingness to submit this form.

Reference Name: _____

Address: _____

Telephone: _____ E-mail: _____

1. How long have you known the applicant? _____ years. How well? [] Very well [] Fairly Well [] Casually

2. What is the relationship between you and the applicant? _____

3. Does the applicant manifest godly character in all they do? Yes ___ No ___ If no, please explain on the back of this sheet.

4. Have you observed the applicant's apostolic gifting? Yes ___ No ___ Explain _____

5. Is this applicant now operating in the office of Apostle? Yes ___ No ___ Explain _____

6. Recommendation of this applicant to become a member of International Apostolic Network:
[] Highly Recommend [] Recommend [] Recommend with reservations* [] Do not recommend*

**Please explain concerns below:*

Signature

Date