



A National Standard Bearer for Islamic Chaplaincy

Volunteer Reference and Certification Form

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_____ is applying for endorsement by the Muslim Endorsement Council (MEC) as a chaplain and has given your name as a reference for certifying their volunteer chaplaincy work. We appreciate your prompt response to the following questions, and we assure you that all information we receive will be treated confidentially. References are essential in determining the qualifications and character of an applicant. Please complete the entire questionnaire. Please do not alter the form in any way.

Immediate family members are not acceptable as a volunteer reference certifier. Please indicate:

1. How long have you personally known the candidate?

2. Check which best describes the candidate’s volunteer roles:

- Imam Dawah Chaplain Counselor
- Professor Teacher Other: _____

3. How long was the candidate a volunteer?

From _____(mm/yyyy) to _____(mm/yyyy)

4. Is the candidate effective in this religious work?

5. How could he/she become (even) more effective?

6. What is your relationship with the candidate?



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7. Does the candidate work well with others?

8. How does the candidate deal with conflict situations?

9. Is the candidate living an exemplary Muslim life? Explain.

10. Describe the candidate's strengths

11. Describe the areas in which the candidate needs to improve upon

12. Provide an example or two demonstrating good leadership in the candidate's religious work.

13. What is your opinion of the candidate's preparedness for religious leadership work?



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14. What is your opinion of the soundness of the candidate’s understanding of Islamic belief and practice?

15. Do you believe the candidate is qualified for religious leadership? Explain.

16. In what area would the candidate benefit from further religious and professional education?

17. Do you see the candidate as someone you would hire, have as a leader in your congregation, or like to work with as a colleague?

18. Additional Comments:

Name (Print): _____

Organizational Affiliation: _____

Signature: _____

Occupation: _____

Phone Number: _____

Date: _____

Email: _____