

Pastor or Ministry Leader Recommendation Form

TO THE PASTOR: Please complete this recommendation for the applicant applying to be a member of the Restoration Center. Serious consideration will be given to your comments. Thank you for your assistance.

NOTE: **This form cannot be completed by any relative of applicant.** Please refer applicant to Application Checklist for details.

| | | |
|--|-------------------------|-------------|
| Pastor's Last Name: | | First Name: |
| Email: | Denomination: | Phone: |
| Name of Church: | | Title: |
| Address: | City /State/Providence: | Zip Code: |
| 1. How long have you known the applicant? (mm/yy) In what capacity? | | |
| How well do you know him/her? ___ Very well, pastoral relationship ___ Fairly well, numerous personal contacts ___ Casually, few personal contacts ___ By name/sight | | |
| 3. To your knowledge, has the applicant made a personal commitment to Jesus Christ? ___ Yes ___ No ___ I don't know | | |
| 4. To what extent is the applicant engaged in the activities of your church? ___ Enthusiastically, deeply involved ___ Cooperative, usually willing to help ___ Seldom participates, although attends regularly ___ Attends irregularly, shows little interest | | |
| 5. In what form of Christian service has the applicant participated regularly? | | |
| 6. To your knowledge, does the applicant: Smoke? ___ Yes ___ No Drink? ___ Yes ___ No Use illegal drugs? ___ Yes ___ No Has he/she ever been convicted of a crime? ___ Yes ___ No Comments: | | |
| 7. The applicant's influence on his or her peers is: ___ Positive ___ Neutral ___ Negative | | |

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|---|
| 8. Do you have any concerns about the applicant's personal character? Please explain. |
| 9. What are the applicant's strengths? |
| 10. Do you know of any weaknesses that might be a concern? |

Please evaluate the applicant in regard to the following categories (mark an "X"):

| Categories | Excellent | Above Average | Average | Below Average | Poor | No chance to observe |
|-----------------------------------|-----------|---------------|---------|---------------|------|----------------------|
| Responsible | | | | | | |
| Trustworthy | | | | | | |
| Dependable | | | | | | |
| Loyal to leadership | | | | | | |
| Respectful to authority | | | | | | |
| Works well with others | | | | | | |
| Willing to follow instructions | | | | | | |
| Works well as part of a team | | | | | | |
| Able to communicate clearly | | | | | | |
| Able to teach the Word to others | | | | | | |
| Regular prayer life | | | | | | |
| Leadership skills | | | | | | |
| Integrity | | | | | | |
| Personal appearance | | | | | | |
| Sensitivity to the needs of other | | | | | | |
| Maturity | | | | | | |
| Emotional stability | | | | | | |

Applicant's Information Below:

Please add any additional comments

Please check one of the following:

I highly recommend I recommend
 I recommend with reservation I do not recommend

Signature: _____

Date: _____