

PASTORAL RECOMMENDATION



Pastor's Name _____ Phone _____

E-Mail _____ Church/Organization _____

Applicant's Name _____

1. How long have you known the applicant? Months _____ Years _____

2. How are you associated with the applicant? _____

3. How well do you know him/her? _____

Very well, pastoral relationship ☐ Very well, we work together in ministry ☐

Casually, Few personal contacts ☐ Fairly well, numerous personal contacts ☐

Not enough, by name/sight ☐

4. To your knowledge, has this applicant made a personal commitment to Jesus Christ?

Yes ☐ No ☐ I don't know ☐

5. What Christian service has the applicant participated in regularly?

6. The applicant's influence on his or her peers is:

☐ Positive ☐ Neutral ☐ Negative

7. To the best of your knowledge does the applicant: Use illegal drugs?

☐ Yes ☐ No

8. Do you have any concerns about the applicant's personal character? Please explain.

PLEASE CHECK ONE: ☐ I highly recommend ☐ I recommend

☐ I recommend with reservation ☐ I cannot recommend

If you checked "I recommend *with reservation*" or "I *cannot recommend*" please give a brief explanation: _____

I hereby agree that all information provided is true and complete to the best of my knowledge.

Pastor's Signature _____ Date _____