Confidential Pastoral Recommendation

Applicant Information:						
Name		Age	DOB /	/		
Day Phone Evening Day Phone						
PASTOR (Must be completed by	the Senior Pastor)					
	the following and retu	<u>urn in a sealed,</u>	signed envelope to	the applican	<u>ıt.</u>	
(Please print legibly)						
Pastor's Name			Title			
Phone						
Church Name			Church City			
Serious consideration will be g			·			
completely informed and to m	•					
will be kept strictly confidention						
1. How long have you known t	this narsan?					
 How well do you know then 			Fairly Well	Very Well		
3. Do you know of any reasor	that this person should	not be conside	red as a counselor?	Yes	No	
4. Is the applicant active in ch					No	
5. Has the applicant had a sa	•			Yes		
6. Are you aware of any men		•		Yes		
7. Have you had any reason t				Yes		
8. Do you have reason to lack		licant?		Yes		
9. Does he/she deal well with				Yes		
10. To your knowledge, have		h child abuse?			No	
11. Applicant attends church f	-			Yes		
12. The applicant is spiritually		hildren?		Yes	No	
13. List both the applicant's st	'engths/weakness					
14. Would you want this perso	on to care for your owr	ı children or gro	andchildren? Please	explain why	or why not.	
1.5. NA/le et autotat de la decembre /e	L					
15. What ministries does he/s	ne currently serve in					
Dasad on your knowledge of t	this narsan's abarastar	and backgroun	d vou			
Based on your knowledge of t	.nis person's character	and backgroun	la, you:			
Highly Recommend	Recommend Do	Not Recommen	d With reserva	ation, I recor	mmend	
	Have Some	one Contact M	е			
Signature			Date/	/		

Confidential Friend Recommendation

Applicant, please fill out	t the information in this box only before giving this	s page to your friend.
Applicant Information:		
Name	AgeDOB/_	
	Evening Day Phone	
Friend (Must be completed in full)		
Please complete the	e following and return in a sealed, signed envelope to	o the applicant:
(Please print legibly) Name_	Met applicant at:	
Phone		
Church Name	Church City	
completely informed and to make	n to your evaluation of the character and fitness of the a fair appraisal, please give as much information as f you have any questions or concerns please call 704.	s is known. Your responses
1. How long have you known this 2. How well do you know them? 3. Do you know of any reason the 4. Is the applicant active in church 5. Has the applicant had a salvat 6. Are you aware of any mental of 7. Have you had any reason to go 8. Do you have reason to lack cor 9. Does he/she deal well with stree 10. To your knowledge, have the 11. Applicant attends church faith 12. The applicant is spiritually mo 13. List both the applicant's streng	tion experience? or emotional illness or instability? uestion the applicant's morals? offidence in the applicant? officence in the applicant?	Very Well
14. Would you want this person to	o care for your own children or grandchildren? Please	e explain why or why not.
15. What ministries does he/she	currently serve in?	
Based on your knowledge of this	person's character and background, you:	
Highly Recommend Rec	commend Do Not Recommend With	reservation, I recommend
Signature	Date	

Confidential Relative Recommendation

Pay Phone Age DOB//							
<u>Relative</u> (Must be con <u>Please comple</u>	ompleted in full) ete the following and return in a sea	led, signed envelope to the appli	<u>icant:</u>				
Name	Relationship	Phone					
Church Name	e Church City						
applicant. In order much information a questions or concer	on will be given to your evaluation of to be completely informed and to its is known. Your responses will be known, please call 704.213.1371	make a fair appraisal, please gi ept strictly confidential. If you ho	ve as ave any				
 How long have y How well do you 	you known this person? Ca u know them? By name Ca	sually Fairly Well	Very Well				
4. Is the applicant	any reason that this person should ractive in church work?	not be considered as a counselor?	Yes N				
6. Are you aware	nt had a salvation experience? of any mental or emotional illness or ny reason to question the applicant	•	Yes N Yes N				
-	ason to lack confidence in the applic		Yes N				
11. Applicant atte	edge, have they been charged with and schurch faithfully.		Yes N Yes N				
• •	s spiritually mature to pray with chiloplicant's strengths/weakness	dren?	Yes N				
14. Would you wa or why not.	nt this person to care for your own c	hildren or grandchildren? Please	explain why				