

## Confidential Pastoral Recommendation

Applicant, please fill out the information in this box only before giving this page to your Pastor.

Applicant Information:

Name \_\_\_\_\_ Age \_\_\_\_\_ DOB \_\_\_\_/\_\_\_\_/\_\_\_\_

Day Phone \_\_\_\_\_ Evening Day Phone \_\_\_\_\_

**PASTOR** (Must be completed by the Senior Pastor)

Please complete the following and return in a sealed, signed envelope to the applicant.

(Please print legibly)

Pastor's Name \_\_\_\_\_ Title \_\_\_\_\_

Phone \_\_\_\_\_

Church Name \_\_\_\_\_ Church City \_\_\_\_\_

Serious consideration will be given to your evaluation of the character and fitness of the applicant. In order to be completely informed and to make a fair appraisal, please give as much information as is known. Your responses will be kept strictly confidential. If you have any questions or concerns, please call 704.213.1371

- |  |           |          |
|--|-----------|----------|
| 1. How long have you known this person? _____  |           |          |
| 2. How well do you know them? By name _____ Casually _____ Fairly Well _____ Very Well _____ |           |          |
| 3. Do you know of any reason that this person should not be considered as a counselor?       | Yes _____ | No _____ |
| 4. Is the applicant active in church work?   | Yes _____ | No _____ |
| 5. Has the applicant had a salvation experience?   | Yes _____ | No _____ |
| 6. Are you aware of any mental or emotional illness or instability?                          | Yes _____ | No _____ |
| 7. Have you had any reason to question the applicant's morals?                               | Yes _____ | No _____ |
| 8. Do you have reason to lack confidence in the applicant?                                   | Yes _____ | No _____ |
| 9. Does he/she deal well with stress?  | Yes _____ | No _____ |
| 10. To your knowledge, have they been charged with child abuse?                              | Yes _____ | No _____ |
| 11. Applicant attends church faithfully.   | Yes _____ | No _____ |
| 12. The applicant is spiritually mature to pray with children?                               | Yes _____ | No _____ |
| 13. List both the applicant's strengths/weakness   |           |          |

14. Would you want this person to care for your own children or grandchildren? Please 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 \_\_\_ Recommend \_\_\_ Do Not Recommend \_\_\_ With reservation, I recommend

\_\_\_ Have Someone Contact Me

Signature \_\_\_\_\_ Date \_\_\_\_/\_\_\_\_/\_\_\_\_

### Confidential Friend Recommendation

Applicant, please fill out the information in this box only before giving this page to your friend.

Applicant Information:

Name \_\_\_\_\_ Age \_\_\_\_\_ DOB \_\_\_\_/\_\_\_\_/\_\_\_\_  
Day Phone \_\_\_\_\_ Evening Day Phone \_\_\_\_\_

**Friend** (Must be completed in full)

Please complete the following and return in a sealed, signed envelope to the applicant:

(Please print legibly)

Name \_\_\_\_\_ Met applicant at: \_\_\_\_\_

Phone \_\_\_\_\_

Church Name \_\_\_\_\_ Church City \_\_\_\_\_

Serious consideration will be given to your evaluation of the character and fitness of the applicant. In order to be completely informed and to make a fair appraisal, please give as much information as is known. Your responses will be kept strictly confidential. If you have any questions or concerns please call 704.213.1371

1. How long have you known this person? \_\_\_\_\_
2. How well do you know them? By name \_\_\_\_\_ Casually \_\_\_\_\_ Fairly Well \_\_\_\_\_ Very Well \_\_\_\_\_
3. Do you know of any reason that this person should not be considered as a counselor? Yes \_\_\_\_\_ No \_\_\_\_\_
4. Is the applicant active in church work? Yes \_\_\_\_\_ No \_\_\_\_\_
5. Has the applicant had a salvation experience? Yes \_\_\_\_\_ No \_\_\_\_\_
6. Are you aware of any mental or emotional illness or instability? Yes \_\_\_\_\_ No \_\_\_\_\_
7. Have you had any reason to question the applicant's morals? Yes \_\_\_\_\_ No \_\_\_\_\_
8. Do you have reason to lack confidence in the applicant? Yes \_\_\_\_\_ No \_\_\_\_\_
9. Does he/she deal well with stress? Yes \_\_\_\_\_ No \_\_\_\_\_
10. To your knowledge, have they been charged with child abuse? Yes \_\_\_\_\_ No \_\_\_\_\_
11. Applicant attends church faithfully. Yes \_\_\_\_\_ No \_\_\_\_\_
12. The applicant is spiritually mature to pray with children? Yes \_\_\_\_\_ No \_\_\_\_\_
13. List both the applicant's strengths/weakness \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

14. Would you want this person to care for your own children or grandchildren? Please 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 \_\_\_ Recommend \_\_\_ Do Not Recommend \_\_\_ With reservation, I recommend  
\_\_\_ Have Someone Contact Me

Signature \_\_\_\_\_ Date \_\_\_\_/\_\_\_\_/\_\_\_\_

### Confidential Relative Recommendation

Applicant, please fill out the information in this box only before giving this page to your relative.

Applicant Information:

Name \_\_\_\_\_ Age \_\_\_\_\_ DOB \_\_\_\_/\_\_\_\_/\_\_\_\_  
Day Phone \_\_\_\_\_ Evening Day Phone \_\_\_\_\_  
\_\_\_\_\_

**Relative** (Must be completed in full)

Please complete the following and return in a sealed, signed envelope to the applicant:

Name \_\_\_\_\_ Relationship \_\_\_\_\_ Phone \_\_\_\_\_

Church Name \_\_\_\_\_ Church City \_\_\_\_\_

Serious consideration will be given to your evaluation of the character and fitness of the applicant. In order to be completely informed and to make a fair appraisal, please give as much information as is known. Your responses will be kept strictly confidential. If you have any questions or concerns, please call 704.213.1371

1. How long have you known this person? \_\_\_\_\_
2. How well do you know them? By name \_\_\_\_ Casually \_\_\_\_ Fairly Well \_\_\_\_ Very Well \_\_\_\_
3. Do you know of any reason that this person should not be considered as a counselor? Yes \_\_\_\_ No \_\_\_\_
4. Is the applicant active in church work? Yes \_\_\_\_ No \_\_\_\_
5. Has the applicant had a salvation experience? Yes \_\_\_\_ No \_\_\_\_
6. Are you aware of any mental or emotional illness or instability? Yes \_\_\_\_ No \_\_\_\_
7. Have you had any reason to question the applicant's morals? Yes \_\_\_\_ No \_\_\_\_
8. Do you have reason to lack confidence in the applicant? Yes \_\_\_\_ No \_\_\_\_
9. Does he/she deal well with stress? Yes \_\_\_\_ No \_\_\_\_
10. To your knowledge, have they been charged with child abuse? Yes \_\_\_\_ No \_\_\_\_
11. Applicant attends church faithfully. Yes \_\_\_\_ No \_\_\_\_
12. The applicant is spiritually mature to pray with children? Yes \_\_\_\_ No \_\_\_\_
13. List both the applicant's strengths/weakness \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

14. Would you want this person to care for your own children or grandchildren? Please explain why or why not.  
\_\_\_\_\_  
\_\_\_\_\_

15. What (if any) Ministries are they actively serving in?  
\_\_\_\_\_  
\_\_\_\_\_