

ROSEVILLE HOUSE OF PRAYER INTERNSHIPS

701 RIVERSIDE AVE. SUITE 5
ROSEVILLE, CA 95678

PASTORAL RECOMMENDATION FORM

TO BE COMPLETED BY THE APPLICANT:

Last Name: _____ First Name: _____
Address: _____
City: _____ State: _____ Zip: _____
Phone: _____ Email: _____

To the Pastoral Reference:

This recommendation form is to be completed by the applicant's (present or former) pastor. In the case that the applicant's father is the pastor, an elder or other church officer may act as pastoral reference. **Please return this form directly to the applicant in a sealed envelope with your signature across the seal.** If you have any questions, you may email them to rfi@rosevillehouseofprayer.org. Thank you for your involvement in this important phase of the applicant's life.

Your Name: _____

Church Name: _____

Address: _____

Church Telephone: (_____) _____ **Your Position:** _____

Home Telephone: (_____) _____ **Email:** _____

1. How long have you known the applicant? _____

How well? Very well Fairly well Casually By name/sight

2. Please describe the applicant's level of involvement in your church. (*check all that apply*)

Attends regularly Cooperative Interested
 Attends irregularly Involved Distant
 Enthusiastic Willing to help

3. Has the applicant served your congregation in any capacity? If so, please give a brief description.

4. What are the strengths and spiritual gifts of the applicant according to your observations?

5. What is your assessment of the applicant's weaknesses?

6. What is the applicant's affect on his/her peers? Positive Neutral Negative Unknown

7. Please try to assess the following based on your knowledge of the applicant.

	<u>Uncertain or not observed</u>	<u>Weak</u>	<u>Fair</u>	<u>Good</u>	<u>Very Good</u>	<u>Outstanding</u>
<i>Spiritual maturity</i>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<i>Devotion to Christ</i>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<i>Integrity and honesty</i>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<i>Openness to correction</i>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<i>Self-discipline</i>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<i>Willingness to serve</i>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<i>Family life</i>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<i>Ability to work with others</i>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<i>Communication skills</i>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<i>Courtesy</i>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<i>Leadership skills</i>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<i>Reliability</i>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<i>Physical health</i>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<i>Emotional stability</i>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Comments on any of the above:

8. Are there any complex family factors which might affect the applicant's studies at the Forerunner School and Internship? _____

9. Would you have the applicant on your staff? Yes No Why or why not? _____

10. I recommend this applicant for the Forerunner School of Ministry.

Highly recommend Recommend Recommend with reservations* Do not recommend*

*Please explain concerns below

Comments/concerns:

Signature

Date