



Anglican Catechist Training School  
1300 E. Shaw Ave. #174  
Fresno, CA 93710



**EARLY APPLICATION SPECIAL = No application fee if received by Monday, July 15, 2024**

As part of the application process for the Anglican Catechist Training School, the applicant and his/her clergy (who is over the Congregation) meet to discern applicant's calling to the ministry of a Catechist or other lay ministry. Clergy should complete this form and return it **no later than Wednesday, July 31, 2024** either by email or snail mail to **Cn. Elizabeth Conkle, Director of ACTS, 5455 N. Marty Ave. #119, Fresno, CA 93711** OR [eaconkle.acts@gmail.com](mailto:eaconkle.acts@gmail.com).

### Clergy Recommendation

1. How long have you known the applicant and in what capacity? \_\_\_\_\_  
\_\_\_\_\_
2. How long has the applicant been attending your church? \_\_\_\_\_
3. What do you discern this person's spiritual gifts are? \_\_\_\_\_  
\_\_\_\_\_
4. In what capacities does this person minister within your congregation at present?  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_
5. What strengths does this person possess? \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_
6. What are some areas in which this person needs to grow and mature? \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_
7. Is this person one who you would entrust to a teaching ministry such as youth or adult catechism? If not, what would this person need in order to be equipped and prepared for such a ministry?  
\_\_\_\_\_  
\_\_\_\_\_

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8. Are you willing to mentor or have another clergy or lay leader in your church mentor this person in order to prepare s/he for a catechetical or other ministry? Yes\_\_\_\_\_ No \_\_\_\_\_  
If not, why not?\_\_\_\_\_

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Name and contact of clergy or lay leader who will be assigned to mentor the applicant:

NAME: \_\_\_\_\_

Address: \_\_\_\_\_  
Street Address (P.O. Box) City State Zip Code

Phone: Work \_\_\_\_\_ Cell \_\_\_\_\_

Email \_\_\_\_\_

Name of Congregation: \_\_\_\_\_ Role: \_\_\_\_\_  
Rural Dean, Rector, Deacon, lay leader

The applicant has met with me on \_\_\_\_\_, and, thus, I recommend  
this person for participation in ACTS. Yes \_\_\_\_\_ No \_\_\_\_\_

\_\_\_\_\_  
Signature of Clergy Date

**You may email a PDF of this form to [eaconkle.acts@gmail.com](mailto:eaconkle.acts@gmail.com).  
OR:  
Return this form, using the mailing label below to  
Cn. Elizabeth Conkle no later than July 31, 2024!**

**Applications fee will be waived for students who return this  
recommendation form with their application by Monday, July 15, 2024!**

**Cn. Elizabeth Conkle  
5455 N. Marty Ave. #119  
Fresno, CA 93711**