



PASTORAL OR MINISTRY LEADER RECOMMENDATION

INSTRUCTIONS

Thank you for providing a recommendation for the Center of Pastoral Renewal Program Applicant. Please forward the completed Recommendation via email to actscommunitybiblechurch@gmail.com . For additional information, contact the Acts Community Bible Church at (323) 817-9925.

Note: The Pastoral or Ministry Leader Recommendation should be submitted separate from the CLA Program Application.

Pastoral or Ministry Leader recommendation.

Applicant's Name: _____ CPR Program Name _____

TO THE PASTOR or MINISTRY LEADER:

The above-named applicant has or will apply to a Center of Pastoral Renewal Program. The Applicant is asking you to furnish a recommendation for enrollment. It is essential that you be frank and accurate in your remarks and estimations. Thank you.

How long have you known the applicant?

In what capacity?

How well do you know the applicant?

Does the applicant's speech and conduct consistently exhibit his/her Christian beliefs?

How is this applicant regarded by his/her friends and community?

What do you consider to be his/her strengths of personality and talents?

What do you consider to be his/her areas where personality development is needed?

What is the applicant's attitude toward authority and responsiveness toward instruction?

What degree of success do you predict for the applicant in the selected Center of Pastoral Renewal Program?

☐ Exceptional ☐ High ☐ Average ☐ Mediocre

Do you believe the applicant is ready for the selected Center of Pastoral Renewal Program? ☐ Yes ☐ No

If not, please explain.

It will help us if you would further appraise the applicant. Please comment on the following items:

Please omit those in which you have insufficient knowledge to form an opinion.

Christian Testimony: _____

Character: _____

Spiritual Growth: _____

Emotional make-up and behavior: _____

Leadership Ability: _____

Industry: _____

Initiative: _____

Relationships: _____

Cooperation: _____

Common Sense: _____

Financial Habits: _____

Personal Appearance: _____

Intelligence: _____

Other remarks: _____

☐ I recommend ☐ I do not recommend ☐ I recommend with this reservation: _____

Name _____ Position: _____

Email: _____ Phone: _____

Signature: _____ Date: _____