

# PASTORAL RECOMMENDATION FORM

\*IF GLORY CITY CHURCH ATLANTA IS NOT YOUR CHURCH HOME, PLEASE COMPLETE.

– TO BE COMPLETED BY APPLICANT – (If you do not have a pastor or any spiritual authority in your life, explain why on a separate, typed page.)

Applicant's Name: \_\_\_\_\_

Program Start Date: \_\_\_\_\_

Phone Number: \_\_\_\_\_ Email: \_\_\_\_\_

Signature \_\_\_\_\_ Date (MM/DD/YY) \_\_\_\_/\_\_\_\_/\_\_\_\_

– TO BE COMPLETED BY THE PASTOR – The referring pastor must be unrelated to the applicant and must have known the applicant for at least one year. Please return this form directly to the applicant in a sealed and signed envelope so that they may submit all components together in one packet. If you have any questions, email [cait.otwell@gmail.com](mailto:cait.otwell@gmail.com)

Name \_\_\_\_\_

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

Staff Position Church Phone \_\_\_\_\_

Church Address \_\_\_\_\_

City State Zip/Postal Code \_\_\_\_\_

Country Contact Phone \_\_\_\_\_

Email \_\_\_\_\_

How long have you known the applicant? How well do you know him/her?

\_\_\_\_\_  
\_\_\_\_\_

Please describe the applicant's level of involvement in your church.

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

What is the applicant's effect on his/her peers?

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

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

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

The Glory City School of Supernatural Ministry program consists of weekly teaching & training. Do you foresee difficulties for the applicant?

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What is your assessment of the applicant's ability to handle situations involving change, crisis, and correction?

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From your observation what are the strengths and spiritual gifts of the applicant?

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From your observation what are the applicant's weaknesses and struggles?

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Are you aware of any complex family or relational factors that might affect the applicant's time at Glory City School of Supernatural Ministry?

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Pastoral Recommendation Form Please assess the applicant in the following areas.

	Uncertain	Weak	Fair	Good	Outstanding
Spiritual maturity .....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Devotion to Jesus Christ.....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Integrity and honesty.....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Openness to correction.....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Self-discipline.....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Willingness to serve .....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Ability to work with others .....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Communications skills .....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Leadership skills .....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Reliability.....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Teachability .....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Emotional stability .....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Physical health.....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Family life.....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Do you recommend this applicant for Glory City School of Supernatural Ministry?

Highly Recommend  Recommend  Recommend with reservations\*  Do not recommend\*

\*Please Explain

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Additional comments:

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Pastor's Signature \_\_\_\_\_ Date (MM/DD/YY) \_\_\_\_/\_\_\_\_/\_\_\_\_