

APPLICANT COMPLETES SECTION

THE PASTORAL RECOMMENDATION FORM MUST BE COMPLETED BY A PASTOR (NON-RELATIVE) FROM YOUR HOME CHURCH. PLEASE CHOOSE A PASTOR (SUCH AS YOUR YOUTH PASTOR) WHO KNOWS YOU WELL AND CAN PROVIDE US WITH THE MOST COMPLETE PICTURE OF WHO YOU ARE.

| DATE / / |
|----------------------------|
| APPLICANT'S NAME |
| CURRENT ADDRESS |
| PHONE |
| EMAIL |
| APPLICANT'S SIGNATURE DATE |

DEAR PASTOR.

THE ABOVE INDIVIDUAL HAS APPLIED FOR ADMISSION TO THE NORTH COAST CHURCH SCHOOL OF MINISTRY. THE NORTH COAST SCHOOL OF MINISTRY IS DESIGNED TO EQUIP STUDENTS WITH LIFE SKILLS AND DEVELOP LEADERSHIP FOR A LIFE IN MINISTRY. FOR OUR PROGRAM, WE ARE SEEKING CANDIDATES WHO ARE COMMITTED TO SPIRITUAL, INTELLECTUAL, AND PERSONAL GROWTH; WHO WISH TO DEVELOP SKILLS THAT WILL PREPARE THEM FOR LIFE; FEEL A CALLING TO FURTHER THE KINGDOM OF GOD; AND ARE DEDICATED TO SERVING THE LORD. WE WOULD APPRECIATE YOUR HELP AS WE SEEK TO EVALUATE THE APPLICANT'S SUITABILITY TO OUR PROGRAM. YOUR OBSERVATIONS AND RECOMMENDATION ARE IMPORTANT TO US. WE WANT YOU TO KNOW YOUR INPUT WILL BE KEPT IN STRICT CONFIDENCE.

THANK YOU FOR YOUR PROMPT ASSISTANCE. ONCE COMPLETED, THE FORM SHOULD BE MAILED OR DELIVERED DIRECTLY TO:

NORTH COAST CHURCH SCHOOL OF MINISTRY, ATTN. KATIE JOHNSON 2405 NORTH SANTA FE AVENUE VISTA, CA 92084 (760) 724-6700



PASTORAL REC.

| CONTACT INFORM | ATION | | | | | | | |
|--|-----------------|------------|------------|------------|------------|------------|--------------------|--|
| NAME PASTORAL POSITION | | | | | | | | |
| NAME OF CHURCH OR | ORGANIZ | ZATION | | | | | | |
| CHURCH ADDRESS | | | | | | | | |
| _ | | | | | | | | |
| PHONE | | | | | | | | |
| HOW LONG HAVE YOUR PASTORED AT THIS CHURCH/ORGANIZATION? | | | | | | | | |
| QUESTIONS REGARDING APPLICANT | | | | | | | | |
| HOW LONG HAVE YOU KNOWN THE APPLICANT? | | | | | | | | |
| IN WHAT CAPACITY? | | | | | | | | |
| PLEASE CHECK THE AREA THAT YOU FEEL BEST DESCRIBES THE APPLICANT | | | | | | | | |
| | NOT OBSERVED | POOR | FAIR | AVERAGE | GOOD | EXCELLENT | ONE OF THE BEST | |
| DESIRES TO BE WITH CHRIST | | | \bigcirc | | \bigcirc | \bigcirc | \bigcirc | |
| FEELS A NEED TO BE WITH OTHER CHRISTIANS TO GROW | | \bigcirc | \bigcirc | \bigcirc | | \bigcirc | | |
| CHURCH ATTENDANCE | \bigcirc | 0 | \bigcirc | \bigcirc | | \bigcirc | \bigcirc | |
| DESIRES TO KNOW CHRIST | | | \bigcirc | \bigcirc | \bigcirc | \bigcirc | \bigcirc | |
| SPIRITUALLY TEACHABLE | | | \bigcirc | \bigcirc | \bigcirc | \bigcirc | \bigcirc | |
| LEVEL OF SPIRITUAL MATURITY | | | \bigcirc | | \bigcirc | | | |
| COMPASSION | | | | | | | | |
| HONESTY VULNERABILITY | | | | | | | | |
| LEADERSHIP | | | | | \bigcirc | | | |
| SOCIAL ABILITY | | | \bigcirc | | \bigcirc | | \bigcirc | |
| RESPONSE TO AUTHORITY | \bigcirc | | \bigcirc | \bigcirc | \bigcirc | \bigcirc | \bigcirc | |
| CHARACTER | \circ | | \circ | \circ | Ö | \circ | \circ | |
| INTEGRITY | \bigcirc | | \bigcirc | | \bigcirc | | \bigcirc | |
| EMOTIONAL STABILITY | | \bigcirc | | | | | \bigcirc | |
| INITIATIVE | \bigcirc | | \bigcirc | | | | | |



PASTORAL REC.

| QUESTIONS REGARDING APPLICA | ANT (continued) | |
|--|----------------------------|--------------------|
| WHAT DO YOU CONSIDER TO BE THE AP | PLICANT'S STRENGTHS? | |
| | | |
| | | |
| WHAT DO YOU CONSIDER TO BE THE AP | PLICANT'S WEAKNESSES? | |
| | | |
| | | |
| HOW DOES THE APPLICANT DEAL WITH | STRUGGLES OR SET-BACKS | ? |
| | | |
| WHAT AREAS OF GROWTH HAVE YOU PE APPLICANT'S LIFE? | ERSONALLY OBSERVED IN T | HE |
| | | |
| PLEASE ADD ANY FURTHER COMMENTS OUR SELECTION OF THIS CANDIDATE: | YOU MAY HAVE WHICH WO | ULD HELP IN |
| | | |
| | | |
| STRONGLY RECOMMEND | RECOMMEND WITH RESERVATION | O DO NOT RECOMMEND |
| WHY OR WHY NOT? | | |
| SIGNATURE | DΑ | |