

Christ Life Training Recommendation PDF

Pastor's / Spiritual Leader's Recommendation Form

If you are the Pastor of someone who is applying for the Christ Life Training, please fill out this form and submit it. We will take into the highest consideration any information that you provide us in this form. Please fill out any information you can in all honesty and with prayerful consideration. All information in this form will be held in strictest confidence. We will contact you to confirm some details. Thank you for your time.

PLEASE NOTE: Due to limited server space, we have had to limit the size of reply boxes for some of these questions. If there are any areas you feel you should give more information, please indicate that you will be doing this at the bottom of the form and email any additions with you name and the applicant's name to: ted@christlifetraining.com

Your Information

Some details about you.

Your Name *

First

Last

Email Address *

Contact Phone (optional)

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Church or Ministry Name: *

City of Ministry: *

Ministry Responsibility: *

Applicant's Information

So we know which applicant this is about.

Applicant's Name *

First

Last

Recommendation Information

How long have you known the applicant? *

How well do you know him/her? *

- Very Well Well Not Very Well I Know Them Very Little

Has the applicant demonstrated a personal commitment to Jesus Christ? *

- Yes No I Am Not Sure

To what extent is the applicant engaged in church activities? *

- Very Active Active Average Not Very Active Not Active At All

In what form of Christian service has the applicant been a participant? *

What type of spiritual influence has the applicant had on peers? *

- Strengthening Negative Neutral I don't know

Are there any family conditions which might hinder the applicants college work or effectiveness in full time ministry? *

Is there anything about the applicant's life, past or present, which should be called to our attention? *

OVERALL SPIRITUAL CONDITION: *

- Excellent Very Good Average Below Average Poor Not Sure

KNOWLEDGE OF SCRIPTURE: *

- Excellent Very Good Average Below Average Poor Not Sure

SPIRITUAL GROWTH: *

- Excellent Very Good Average Below Average Poor Not Sure

ABILITY TO START AND COMPLETE A TASK: *

- Excellent Very Good Average Below Average Poor Not Sure

RESPONSE TO AUTHORITY: *

- Excellent Very Good Average Below Average Poor Not Sure

OVERALL ATTITUDE: *

- Excellent Very Good Average Below Average Poor Not Sure

EMOTIONAL STABILITY: *

- Excellent Very Good Average Below Average Poor Not Sure

REACTION TO DIFFICULTIES: *

- Excellent Very Good Average Below Average Poor Not Sure

HEALTH: *

- Excellent Very Good Average Below Average Poor Not Sure

FINANCIAL ACCOUNTABILITY: *

- Excellent Very Good Average Below Average Poor Not Sure

Please give a brief phrase describing the applicant in each of these areas.

Please Describe what you see as His/Her passion *

Why should the applicant or why should the applicant not attend our Ministry Training School?

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Do you recommend this applicant for enrollment in School of Eagles Ministry Academy? *

- Highly Recommend Recommend Recommend Reservedly Do Not Remmend

Will you be emailing us any additional comments? *

- Yes No

Submission of Form

Please sign the form below by re-entering your name.

Signature *

If you would like to contact me, my name is Ted J. Hanson.

My contact phone number is 360-733-3993

You can also email me at:

pastortjhanson@aol.com

Submit

