



Pastor's Recommendation

To the APPLICANT: This recommendation should be completed by your pastor and mailed directly by him to the school office. If your pastor is your parent or spouse, ask another member of the church's pastoral staff to complete this form.

NOTE: This section to be completed by Applicant

Date: _____

Phone - Day: () _____ Phone - Evening: () _____

Applicant's Name: _____

Address: _____

City: _____ State: _____ Zip: _____ Country: _____

Country of Citizenship: _____

To the PASTOR: The above named is applying for admission to Clearwater School of the Supernatural Ministry. Serious consideration will be given to your comments. We appreciate your help in this matter and will keep any information you supply in confidence. Thank you for your assistance.

1. How long have you known the applicant? _____ In what capacity? _____
2. How well do you know him/her? *Please check one.*
 Very close, pastoral relationship Fairly well, numerous personal contacts
 Casually, few personal contacts By name/sight
3. To your knowledge, has the applicant made a personal commitment to Jesus Christ? Yes No Unsure
4. To what extent is the applicant engaged in the activities of your church? *Please check one.*
 Enthusiastic, deeply involved
 Cooperative, usually willing to help
 Seldom participates, although attends regularly
 Attends irregularly, shows little interest
5. In what form of Christian service has the applicant participated regularly? _____

6. What do you consider to be the applicant's strengths? _____

7. Do you know of any weaknesses of which we should be aware? _____

8. To your knowledge, does the applicant:

Use Tobacco? Yes No **Drink Alcohol?** Yes No **Use Illegal Drugs?** Yes No



9. Please describe home factors which might affect the applicant's success at Clearwater School of Supernatural Ministry.

10. The applicant's influence on his/her peers is ___ Positive ___ Neutral ___ Negative

11. Please evaluate the applicant in regard to the following categories. *Please circle one.*

| | <u>Excellent</u> | <u>Above Average</u> | <u>Average</u> | <u>Below Average</u> | <u>Poor</u> | <u>No chance to Observe</u> |
|--|------------------|----------------------|----------------|----------------------|-------------|-----------------------------|
| Response to authority | 1 | 2 | 3 | 4 | 5 | 6 |
| Reliability: <i>dependability, responsibility</i> | 1 | 2 | 3 | 4 | 5 | 6 |
| Maturity: <i>personal development, ability to cope with life situations</i> | 1 | 2 | 3 | 4 | 5 | 6 |
| Emotional stability: <i>reaction to stress, poise, mood stability</i> | 1 | 2 | 3 | 4 | 5 | 6 |
| Motivation: <i>genuineness and depth of commitment</i> | 1 | 2 | 3 | 4 | 5 | 6 |
| Judgment: <i>ability to analyze a problem</i> | 1 | 2 | 3 | 4 | 5 | 6 |
| Oral expression: <i>clarity, coherence</i> | 1 | 2 | 3 | 4 | 5 | 6 |
| Interpersonal relations: <i>rapport, cooperation, attitudes toward supervision</i> | 1 | 2 | 3 | 4 | 5 | 6 |
| Empathy: <i>sensitivity to the needs of others</i> | 1 | 2 | 3 | 4 | 5 | 6 |
| Work habits: <i>stamina, conscientiousness, perseverance, resourcefulness, initiative</i> | 1 | 2 | 3 | 4 | 5 | 6 |
| Leadership: <i>creative thought, curiosity, self-confidence</i> | 1 | 2 | 3 | 4 | 5 | 6 |
| Personal appearance: <i>cleanliness, grooming</i> | 1 | 2 | 3 | 4 | 5 | 6 |
| Integrity: <i>honesty, moral character</i> | 1 | 2 | 3 | 4 | 5 | 6 |

12. Please added any further comments you may have which would help in our evaluation. _____

Please print or type the information below.

Your Name: _____ Phone: () _____

Name of church and denomination: _____

Pastoral Position: _____

Address: _____

City: _____ State: _____ Zip: _____

Signature: _____ Date: _____

Please return completed form to:

**Clearwater School of Supernatural Ministry - 1739 S MLK Jr Ave., Clearwater FL 33756
(727) 585-5468 ~ (727) 581-0672**