

Pastor's Recommendation

North Coast School of Supernatural Ministry

Note: This section to be completed by Applicant

To the Applicant: This recommendation should be completed by your pastor and mailed directly by him or her to the school office. If your pastor is a family member, as another member of the pastoral staff to complete this form.

Date: _____

Phone – Day: () _____ Phone – Evening: () _____

Applicant's Name: _____

Address: _____

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

Country of Citizenship: _____

TO THE PASTOR: The above applicant named is applying for admission to North Coast School of Supernatural Ministry. Serious consideration will be given to your comments. We appreciate your help in this manner 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 you do know him/her? Please check one.

- _____ Very well, pastoral relationship
- _____ Fairly well, numerous personal contacts
- _____ Casually, few personal contacts
- _____ By name/sight

3. To your knowledge, has the applicant make 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.

- _____ Enthusiastically, 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?** ___ Yes ___ No **Use Illegal Drugs?** ___ Yes ___ No

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

10. The applicant' influence on his or her peers is: ____ Positive ____ Neutral ____ Negative

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

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

12. Please add 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 this to:



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