

## Pastoral Recommendation

TO BE COMPLETED BY THE APPLICANT:

Last name: \_\_\_\_\_ First name: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Phone: \_\_\_\_\_

Email: \_\_\_\_\_

*To the Applicant:*

**You may waive your right to see this character reference with the understanding that none of the information within will be disclosed to you. Check the box below which represents your wishes. This will in no way affect the decision of the Admissions Committee.**

*Please note: Failure to indicate a choice is the same as checking the "I do not waive" box.*

- I waive my right to see this character reference.**  
 **I do not waive my right to see this character reference.**

*To the Pastoral Reference:*

This recommendation form is to be completed by the applicant's (present or former) pastor. In the case that the

Applicant's father is the pastor, an elder or other church officer may act as pastoral reference.

**Please return this form directly to the applicant in a sealed envelope with your signature across the seal OR email a PDF directly to [osm@orlandohop.org](mailto:osm@orlandohop.org).** If you have any questions, you may email them to [osm@orlandohop.org](mailto:osm@orlandohop.org). Thank you for your involvement in this important phase of the applicant's life.

Your Name: \_\_\_\_\_

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

Address: \_\_\_\_\_

Church / Cell Number: (\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_

Your Position: \_\_\_\_\_

Email: \_\_\_\_\_

1. How long have you known the applicant?

Very well  Fairly well  Casually  By name/sight

2. Please describe the applicant's level of involvement in your church. *(Check all that apply)*

- Attends regularly       Cooperative       Interested  
 Attends irregularly       Involved       Distant  
 Enthusiastic       Willing to help

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

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4. What are the strengths and spiritual gifts of the applicant according to your observations?

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5. What is your assessment of the applicant's weaknesses?

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

- Positive  Neutral  Negative  Unknown

7. Please try to assess the following based on your knowledge of the applicant.

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

Comments on any of the above:

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8. Are there any complex family factors which might affect the applicant's studies at the Orlando School of Ministry?

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9. Would you have the applicant on your staff?

Yes     No    Why or why not?

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10. I recommend this applicant for the Orlando School of Ministry.

Highly recommend     Recommend

Recommend with reservations\*     Do not recommend\*

\*Please explain concerns below or add your comments:

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***Signature:***

*Print Frist & Last Name*

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*Sign Frist Last Name*

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*Date:* \_\_\_\_\_

