

Pastor's Recommendation

NewDay 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 your pastor 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.

Date: _____

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

Applicant's Name: _____

Address: _____

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

To the Pastor: The above named is applying for admission to NewDay School of Supernatural Ministry. Serious consideration will be given to your comments. We appreciate your help in this matter and will keep any 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 well, 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? _____

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NewDay Church ~ 1201 First St NE, New Prague, MN 56071 ~ 952-758-LOVE (5683)

6. Please evaluate the applicant in regard to the following categories. Please check one.

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

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

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

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9. To your knowledge does the applicant:

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

10. Please describe some factors which might affect the applicant's success at NewDay School of Supernatural Ministry.

11. The applicant's influence on his or her peers is: ___ Positive ___ Neutral ___ Negative

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: _____

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