

Pastoral Reference Form



Mountain Of Worship | Schools Of Ministry

P.O. Box 807 | Tolland, CT 06084

Phone: 860-858-5052

www.themountain.org

Note: This section to be completed by Applicant

DATE

Applicant

Tel Day

Address

Tel Evening

City

State

Zip Code

E-mail:

Country

Citizen

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

How well do you know the applicant?

Very Close

Fairly Well

Casually

By Name | Sight

To your knowledge, has the applicant made a personal commitment to Jesus Christ?

Yes

No

Not Sure

To your knowledge, does the applicant:

Use Tobacco

Yes

No

Drink

Yes

No

Use Drugs

Yes

No

In what form of Christian service has the applicant participated regularly (Sunday School Teacher, etc)?

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

What do you consider to be the applicant's weaknesses?

Which characteristics best describe the applicant? Please check all that apply.

Warm Hearted

Critical

Tolerant

Passive

Sympathetic

Rebellious

Respectful

Enthusiastic

Loving

Teachable

On Fire For Jesus Christ

	Excellent	Above Average	Average	Below Average	Poor	No Chance To Observe
Christian Commitment	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Social Adaptability	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Cooperativeness	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Integrity and Honesty	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Responsibility	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Mental Ability	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Physical Health	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Initiative	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Christian Character	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Emotional Stability	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Personal Appearance	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Leadership	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Reliability	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Name

Address

City State Zip Code

Country

Phone Number

E-mail

Signed By _____

Date _____