

LETTER NETWORK - MENTOR PASTORAL REFERENCE FORM

TO BE COMPLETED BY THE APPLICANT:

Surname: _____ Name: _____

Address: _____

City: _____ Province: _____ Postal Code: _____

Home Phone: _____ Cell Phone: _____

E-mail: _____

Note to the Applicant:

Please understand that none of the information within will be disclosed to you.

The Remainder to be completed by Pastor:

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 should act as a pastoral reference. Please return this form directly to the applicant in a sealed envelope or send directly to:

Letter Network Co-Ordination (SA)
P.O. Box 1044
Ruimsig
1732
Gauteng, South Africa

PHONE: 011 768-2808
FAX: 086 613-4362

EMAIL: letters@rag.org.za
WEBSITE: www.rag.org.za

Surname: _____ Name: _____

Church Name: _____

Church Address: _____

Church Phone: _____ Your current Position: _____

Home Phone: _____ Cell Phone: _____

E-mail: _____

TO BE COMPLETED BY THE PASTOR For _____

Applicant's Name

1. How long have you known the applicant?

How well? Very well Fairly Well Casually By name/ sight

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

- | | | |
|--|--|---|
| <input type="checkbox"/> Attends regularly | <input type="checkbox"/> Cooperative | <input type="checkbox"/> Interested |
| <input type="checkbox"/> Attends irregularly | <input type="checkbox"/> Involved | <input type="checkbox"/> Distant |
| <input type="checkbox"/> Enthusiastic | <input type="checkbox"/> Willing to help | <input type="checkbox"/> Promotes unity |

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

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

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

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.
 (*X* / the level that best represents applicant)

0=Uncertain or not observed	1=Weak	2=Fair	3=Good	4=Very Good	5=Outstanding	
	0	1	2	3	4	5
Spiritual Maturity						
Devotion to Christ						
Integrity and honesty						
Openness to correction						
Self-discipline						
Willingness to serve						
Family Life						
Ability to work with others						
Communication skills						
Courtesy						
Leadership skills						
Reliability						
Physical Health						
Emotional stability						

Comments on any of the above:

8. Recommendation of this applicant for becoming a house or workplace church pastor.

- | | |
|---|--|
| <input type="checkbox"/> Highly Recommend | <input type="checkbox"/> Recommend |
| <input type="checkbox"/> Recommend with reservations* | <input type="checkbox"/> Do not recommend* |

**Please explain concerns below:*

Signature

Print Name

Date