

Pastor's Recommendation

Bethel Atlanta School of Supernatural Ministry

NOTE: This section is to be completed by the applicant.

To the Applicant: This box is to be filled in by the applicant. This recommendation should be completed by your Pastor and mailed directly by him/her to **BETHEL ATLANTA, P.O. Box 656 Tyrone, GA 30290**. 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 Bethel Atlanta School of Supernatural Ministry. Serious consideration will be given to your comments. We appreciate your help in this matter and will keep any information you supply in confidence. Thank you for your assistance.

1) How long have you known this applicant? _____ In what capacity? _____

2) How well do you know him/her? Please check one.

- _____ Very well, pastoral relationship
- _____ Fairly well, numerous pastoral contacts
- _____ Casually, few numerous 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 has 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 regularly, 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 any factors which might affect the applicant's success at Bethel Atlanta:

10) The applicant's 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 Chance to Observe
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
Motivation: genuineness and depth of commitment.	1	2	3	4	5	6
Judgment: ability to analyze a problem.	1	2	3	4	5	6
Oral Expression: clarity, coherence.	1	2	3	4	5	6
Interpersonal Relations: rapport, cooperation, attitudes toward 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 information that you may have which would help in our evaluation.

Your Name: _____ Phone: _____

Signature: _____ Date: _____