

Kingdom Training School of Supernatural Ministries

Pastors Recommendation Form

NOTE: This section to be completed by Applicant

To the Applicant: This recommendation should be completed by your pastor and mailed directly by him or her 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 Code: _____ Country: _____

Country of Citizenship: _____

TO THE PASTOR: The above named is applying for admission to Kingdom Training 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 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

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 participated, although attends regularly
- _____ Attends irregularly, 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. Please describe home factors which might affect the applicant's success at Kingdom Training School of Supernatural Ministry.

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

10. Please evaluate the applicant in regard to the following categories. Please circle one.

	Excellent	Above Average	Below Average	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	1	2	3	4	5	6
Ability to cope with life situations						
Emotional stability: reaction to stress, Poise, mood stability	1	2	3	4	5	6
Motivation: genuineness and depth of commitment	1	2	3	4	5	6
Judgment: ability to analyze a problem						
Oral expression: clarity, coherence						
Interpersonal relations: rapport, Cooperation, attitudes toward supervision	1	2	3	4	5	
Empathy: sensitivity to the needs of others	1	2	3	4	5	6
Work habits: stamina, conscientiousness						
Perseverance, resourcefulness, initiative						
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

11. Please add any further comments you may have which would help in

12. Do you recommend this applicant for Kingdom Training School of Supernatural Ministry? Please explain.

Please print or type the information below.

Your name: _____ Phone: () _____

Name of church and denomination: _____

Pastoral Position: _____

Address _____

City _____ State _____ Zip Code _____

Signature _____ Date _____

PLEASE RETURN THIS FORM TO:
 KTSSM
 C/O Blazing Fire Church
 Attention: Angela Ellis
 PO Box 1599, Pleasanton CA. 94566-0159