

MUSICAL RECOMMENDATION

THIS SECTION TO BE
FILLED OUT BY THE
APPLICANT

First Last Phone

Your signature below waives the right of access to this information.

Signature Date

THIS SECTION TO BE
FILLED OUT BY THE
RECOMMENDER

The New Life School of Worship is a 9-month program designed to train up worship pastors for local churches. Students will receive holistic training in local church worship ministry through classroom instruction, hands-on ministry experience, and private music lessons. Our goal is that students will leave New Life more equipped and prepared to lead worship in local churches.

Each New Life School of Worship applicant must submit a musical recommendation. Your comments are confidential and are very valuable to us in the process of deciding whether the applicant is suited for this particular program at this time. In light of our purpose and objectives as stated above, please take time to complete this recommendation thoughtfully and carefully.

Name

Position Phone

E-Mail

Please briefly describe *your* musical background: _____

How long have you known the applicant? _____

Please describe your relationship to the applicant.

Please assess the applicant's personal character attributes on a scale of 1 (needs to grow) to 5 (outstanding), or N/O if you have not observed.

	<i>Please circle one</i>					
Ability to work in a "team" environment/follow guidelines	1	2	3	4	5	N/O
Ability to accept correction graciously	1	2	3	4	5	N/O
A person of integrity and moral character	1	2	3	4	5	N/O
Trustworthy and reliable	1	2	3	4	5	N/O
Self confidence and emotional stability	1	2	3	4	5	N/O

Do you have any additional comments regarding any of the above attributes? _____

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Please assess the applicant's musical abilities on a scale of 1 (needs to grow) to 5 (outstanding), or N/O if you have not observed.

	<i>Please circle one</i>					
Vocal Skill	1	2	3	4	5	N/O
Acoustic Guitar Skill	1	2	3	4	5	N/O
Piano Skill	1	2	3	4	5	N/O
Overall Musical Skill	1	2	3	4	5	N/O

Please list any other musical abilities the applicant may have:

How would you like to see this person grow musically?

Have you observed the applicant leading worship? What was the type of meeting in which the applicant was leading?

How would you describe the applicant's level of experience leading worship?

Based on the above information, would you recommend the applicant to attend the New Life School of Worship at this time?

- Highly recommend Recommend Recommend with reservation Do not recommend

Comments:

Would you like to discuss the applicant with our staff? Yes No

If yes, what number can we reach you at? _____

What times are most convenient for you? _____

Signature

Date

Thank you for your input! Please mail or fax this form by June 28, 2012.

NLSW, 11025 Voyager Parkway, Colorado Springs, CO 80921. Fax number: 719.277.7147