

# PASTOR 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 pastoral 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

How long have you known the applicant? Please describe your relationship to the applicant.

How well do you know the applicant?  Very well  Well  Casually

Does the applicant demonstrate a personal relationship with Jesus Christ?  Yes  No

If no, please explain: \_\_\_\_\_

Have you observed the applicant engaging the Body of Christ in a healthy way? Please explain.

---

---

Where does the applicant serve in the body of Christ?

---

---

Please describe how you have observed the applicant's relationship and interaction with their family. If you have not observed this first hand, do you have an understanding of it based on your relationship with the applicant?

---

---

*continued on back*

# PASTOR RECOMMENDATION

THIS SECTION TO BE  
FILLED OUT BY THE  
RECOMMENDER

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
Compassion, care and respect for others	1	2	3	4	5	N/O
Patience and grace for others	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
Personal discipline	1	2	3	4	5	N/O
Overall social skill	1	2	3	4	5	N/O
General attitude	1	2	3	4	5	N/O

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

---

---

Are you aware of any physically, emotionally or spiritually traumatic events that have taken place within the last 12 months?

Yes  No

If yes, please elaborate \_\_\_\_\_

---

If yes, have these event(s) impacted their interaction with others?

---

---

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