

# PASTOR RECOMMENDATION



THIS SECTION TO BE  
FILLED OUT BY THE  
APPLICANT

First	Last	Phone	
Address	City	State	Zip

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

Signature	Date
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THIS SECTION TO BE  
FILLED OUT BY THE  
RECOMMENDER

Each New Life School of Worship applicant must submit a pastoral recommendation. Your comments are a valuable part of our decision making process; therefore, we ask you to complete this form carefully. This recommendation should be returned directly to the New Life School of Worship. If you have any questions, please call 719.265.3128.

Name
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Position	Phone
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E-Mail
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How long have you known the applicant? Please describe your relationship to the applicant.

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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: \_\_\_\_\_

Please check the word that most accurately describes the applicant's abilities in these areas:

- |                       |                               |                               |                               |                                      |                                  |
|-----------------------|-------------------------------|-------------------------------|-------------------------------|--------------------------------------|----------------------------------|
| Musical Skill         | <input type="checkbox"/> poor | <input type="checkbox"/> fair | <input type="checkbox"/> good | <input type="checkbox"/> outstanding | <input type="checkbox"/> unknown |
| Leadership Ability    | <input type="checkbox"/> poor | <input type="checkbox"/> fair | <input type="checkbox"/> good | <input type="checkbox"/> outstanding | <input type="checkbox"/> unknown |
| Emotional Maturity    | <input type="checkbox"/> poor | <input type="checkbox"/> fair | <input type="checkbox"/> good | <input type="checkbox"/> outstanding | <input type="checkbox"/> unknown |
| Vocal Skill           | <input type="checkbox"/> poor | <input type="checkbox"/> fair | <input type="checkbox"/> good | <input type="checkbox"/> outstanding | <input type="checkbox"/> unknown |
| Acoustic Guitar Skill | <input type="checkbox"/> poor | <input type="checkbox"/> fair | <input type="checkbox"/> good | <input type="checkbox"/> outstanding | <input type="checkbox"/> unknown |
| Piano Skill           | <input type="checkbox"/> poor | <input type="checkbox"/> fair | <input type="checkbox"/> good | <input type="checkbox"/> outstanding | <input type="checkbox"/> unknown |

Please list any other musical abilities the applicant may have: \_\_\_\_\_

Based on the above information, would you recommend this persona as a student at the New Life School of Worship at this time?  Strongly recommend  Recommend  Do no recommend  
Comments: \_\_\_\_\_

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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? \_\_\_\_\_

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Signature	Date
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**Thank you for your input! Please mail or fax this form by July 31, 2007.**  
**NLSW, 11025 Voyager Parkway, Colorado Springs, CO 80921. Fax number: 719.277.7147**