



Pastoral Letter of Recommendation

TO BE COMPLETED BY THE PASTORAL REFERENCE

Please email this form directly to PhxHouseofPrayer@gmail.com. All contents in reference will be kept confidential and read only by PHOP staff members.

Name of Applicant

Phone # of Applicant

Name of Pastor

Pastor's Signature

Date

Church Name

Staff Position

Church Phone

Church Address

City, State, Zip

Contact Phone

Email

1. How long have you known the applicant? How well do you know them?

2. Please describe the applicant's level of involvement in your church.

3. What is the applicant's effect on his/her peers?

4. Has the applicant served your congregation in any capacity? () Yes () No If Yes, please give a brief description.

5. According to your observations, what are the strengths and spiritual gifts of the applicant?

6. According to your observations, what is your assessment of the applicant's weaknesses and struggles?

7. Please assess the applicant in the following areas:

	WEAK	GOOD	EXCEPTIONAL
SPIRITUAL MATURITY	_____	_____	_____
DEVOTION TO CHRIST	_____	_____	_____
ACCOUNTABLE TO OTHERS	_____	_____	_____
INTEGRITY AND HONESTY	_____	_____	_____
OPENNESS TO CORRECTION	_____	_____	_____
WILLINGNESS TO SERVE	_____	_____	_____
ABILITY TO WORK WITH OTHERS	_____	_____	_____
COMMUNICATION SKILLS	_____	_____	_____
LEADERSHIP SKILLS	_____	_____	_____
RELIABILITY	_____	_____	_____
TEACHABILITY	_____	_____	_____
MENTAL HEALTH	_____	_____	_____
PHYSICAL HEALTH	_____	_____	_____
SPIRITUAL HEALTH	_____	_____	_____
FAMILY LIFE	_____	_____	_____

8. Do you recommend this applicant for the Phoenix House of Prayer Internship? () Highly recommend
() Recommend () Recommend with reservations* () Do not recommend *

Please Explain

Additional comments of explanations not already covered?
