

New Life Drama Company



PASTORAL RECOMMENDATION FORM

Submitted on behalf of

Applicant's Name

This form must be submitted on behalf of every applicant for acceptance to New Life Drama Company. Please complete this form carefully and in private as this will help us to have a better understanding of the applicant. We will hold your comments in the strictest confidence. Our staff may contact you at a later date to discuss the applicant further. We ask that the completed form not be given to the applicant, but be sent directly to:

New Life Drama Company, Personnel Department, P.O. Box 3808, Cleveland, TN 37320-3808

1. How long have you known the applicant?

2. Describe your relationship with the applicant

- Intense
- Close
- Distant
- Casual

3. Knowing the applicant as you do, would you

- Highly recommend them as a candidate for ministerial training?
- Recommend them as a candidate for ministerial training?
- Recommend them with slight reservations as a candidate? *(explain below)*
- Hesitate to recommend them as a candidate? *(explain below)*
- Be unable to recommend them as a candidate. *(explain below)*

4. How would you describe the applicant's:

Mental Ability

- Quick
- Average
- Slow

Emotional Level:

- Very Stable
- Stable
- Unstable

Initiative:

- Actively creative
- Self-Reliant
- Conforms
- Seldom initiates

Influence:

- Very influential
- Somewhat influential
- Conforms
- Distant

5. Does the applicant respond well to authority?

- Yes
- No

6. The applicant's spiritual influence on others is:

- Positive
- Neutral
- Negative

7. Have you ever known the applicant to gossip?

- Yes
- No

8. How would you rate the applicant in the following areas?

Dress:

- Neat
- Average
- Untidy

Hygiene:

- Clean
- Average
- Careless

Speech:

- Careful
- Indifferent
- Loose

9. With what sort of companions does the applicant usually associate?

10. Have you ever known the applicant to engage in questionable moral conduct? Yes No

(If Yes, please explain)

11. Please describe the applicant's home life:

12. Are you aware of any physical or emotional weaknesses that would hinder the applicant's performance?

Yes No *(If Yes, please explain)*

13. To your knowledge, does the applicant: Smoke Drink Use illegal drugs

14. What do you consider to be the applicant's strong points?

15. What do you consider to be the applicant's weak points?

16. Please make any other comments about the applicant and sign below

Pastor's Signature

Date

Pastor's Name (please print)

Phone Number