

Pastoral Recommendation

name of applicant

The individual named above is applying to be a New Life Intern at New Life Community Church. The program is supportive of spiritual/pastoral authority in the lives of students; therefore, we request your cooperation in completing this form. All information given will be kept confidential.

name

church

position

address

city

state

zip

phone #

e-mail

How long have you known the applicant? years: _____ months: _____

How well do you know the applicant? very well well casually

Does the applicant know Jesus as their personal Lord and Savior? yes no

Does the applicant demonstrate Christ in his/her lifestyle? yes no

Please describe:

In your association with the applicant, what has been the level of commitment you have seen him/her display? faithful inconsistent other: _____

In what form of service has the applicant participated regularly?

Describe the applicant's leadership abilities:

exceptional ability good ability makes an effort to lead prefers to follow

Has the applicant spoken with you about attending New Life Interns? yes no

What would you consider to be the applicants strengths?

Are there any weaknesses that we should be aware of?

To your knowledge does the applicant:

Use tobacco: yes no Drink: yes no Use illegal drugs: yes no

Please rate the applicant in the following areas. Rate 1-5 (1 being the lowest and 5 being the highest).

_____ personal discipline	_____ initiative	_____ finishing projects
_____ leadership abilities	_____ self-confidence	_____ spiritual maturity
_____ lifestyle example	_____ listening	_____ submission to authority
_____ response to correction	_____ positive speech	_____ consistency/faithfulness
_____ financial discipline	_____ obedience	_____ maintaining friendships
_____ meeting new people	_____ punctuality	_____ homework excellence

Would you approve of the applicant participating in the New Life Intern Program?

yes no yes with reservations

Please add any additional comments or concerns:

Signature: _____ Date: _____

Thank you for completing this recommendation form. Please keep this form confidential and mail it directly to the New Life Intern Program at 6068 W. Hayden Ave. Rathdrum, ID 83858. Please feel free to contact us with any further questions or comments @ (208) 687-3606 x127

Parental Recommendation

(For those living at home or under the age of 21)

name of applicant

The individual named above is applying to be a New Life Intern at New Life Community Church. The program is supportive of parental authority in the lives of students, therefore we request your cooperation in completing this form. All information given will be kept confidential.

parent/guardian name

phone #

e-mail

church you currently attend

pastor's name

church address

city/zip/state(country)

phone #

What is your relationship to the applicant?

son

daughter

other: _____

Has the applicant discussed with you about attending the New Life Intern Program and have they read through and discussed with you the guidelines/standards of New Life Interns?

yes no

What was his/her response to the guidelines/standards?

Understanding that it is our desire that there be no conflict with parental and church authority, would you be supportive of these guidelines/standards?

yes no

What do you understand to be the applicant's motives for wanting to be a part of the New Life Intern Program?

Has the applicant had any serious problems submitting to parental or any other authority? yes no
Please comment:

Please rate the applicant in the following areas. Rate 1-5 (1 being the lowest and 5 being the highest).

_____ personal discipline	_____ initiative	_____ finishing projects
_____ leadership abilities	_____ self-confidence	_____ spiritual maturity
_____ lifestyle example	_____ listening	_____ submission to authority
_____ response to correction	_____ positive speech	_____ consistency/faithfulness
_____ financial discipline	_____ obedience	_____ maintaining friendships
_____ meeting new people	_____ punctuality	_____ homework excellence

Would you approve of the applicant participating in the New Life Intern Program?

yes no yes with reservations

Please add any additional comments or concerns:

Signature: _____ Date: _____

Thank you for completing this recommendation form. Please keep this form confidential and mail it directly to the New Life Intern Program at 6068 W. Hayden Ave. Rathdrum, ID 83858. Please feel free to contact us with any further questions or comments @ (208) 687-3606 x127