

# REGNUM INSTITUTE PASTORAL RECOMMENDATION

Dear Pastor, Please send this form directly to Regnum Institute, PO BOX 18351 Sarasota FL 34276

## To The applicant:

This reference should be completed by your pastor and mailed directly by him/her to the admissions office. Please sign the following waiver prior to giving this form to your pastor. I hereby waive my right to review this strictly confidential pastoral recommendation, which becomes part of my admission's file.

Print Name: \_\_\_\_\_ Signature: \_\_\_\_\_

## To the Pastor:

The above named applicant is applying for admission to the Regnum Institute. Serious consideration will be given to your comments, therefore your cooperation in completing this form will be greatly appreciated, and all information provided by you will be held in the strictest confidentiality.

Pastor's Name: \_\_\_\_\_ Position: \_\_\_\_\_

Church Name: \_\_\_\_\_ Tel: \_\_\_\_\_

Street Address: \_\_\_\_\_ Email: \_\_\_\_\_

Are you related to the applicant?  Yes  No

How long have you known the applicant? \_\_\_\_\_

How well do you know him/her?

- Very close pastoral relationship
- Fairly well with often personal contacts
- Casually with few personal contacts
- Only by name and sight

Has the applicant demonstrated a personal commitment to Jesus Christ?  Yes  No

To what extent is applicant engaged in church/community related activities?

- Attends regularly, enthusiastically and deeply involved
- Attends regularly, cooperative and willing to help
- Attends regularly, seldom participates in activities
- Attends regularly, with minimal participation
- Attends irregularly, no participation
- Unknown

In which form of service/ministry has the applicant been a participant?

\_\_\_\_\_  
\_\_\_\_\_

What type of influence is applicant on peers?

Strengthening  Negative  Neutral  I don't know

Does the applicant smoke?  Yes  No  Unsure

Does the applicant have presently any substance abuse problem?

Yes  No  Unsure

Has the applicant lived a consistently moral life?

Yes  No  Unsure IF NO or UNSURE please comment:

\_\_\_\_\_  
\_\_\_\_\_

Are there family conditions, which might hinder the applicant's effectiveness in his/her calling or ministry?

\_\_\_\_\_  
\_\_\_\_\_

Is there anything about the applicant's life that should be called to our attention?

\_\_\_\_\_

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Please rate the applicant in the following areas:  
(If you don't know leave it blank)

<b>Overall spiritual condition</b>	<input type="checkbox"/> Deeply spiritual	<input type="checkbox"/> Above average	<input type="checkbox"/> Average	<input type="checkbox"/> Carnal
<b>Knowledge of the Scriptures</b>	<input type="checkbox"/> Outstanding	<input type="checkbox"/> Well versed	<input type="checkbox"/> Average	<input type="checkbox"/> Fair
<b>Praying and Intercessory life</b>	<input type="checkbox"/> Committed	<input type="checkbox"/> Above average	<input type="checkbox"/> Average	<input type="checkbox"/> Poor
<b>Response to spiritual authority</b>	<input type="checkbox"/> Very open	<input type="checkbox"/> Good	<input type="checkbox"/> Resistant	<input type="checkbox"/> Disrespectful
<b>Spiritual Growth</b>	<input type="checkbox"/> Remarkable	<input type="checkbox"/> Progressive	<input type="checkbox"/> Slow	<input type="checkbox"/> Stagnant
<b>Seriousness of Purpose</b>	<input type="checkbox"/> Extremely focused	<input type="checkbox"/> Purposeful	<input type="checkbox"/> Limited	<input type="checkbox"/> Vacillating
<b>Initiative</b>	<input type="checkbox"/> Strongly motivated	<input type="checkbox"/> Contributing	<input type="checkbox"/> Requires direction	<input type="checkbox"/> Passive
<b>Reliability</b>	<input type="checkbox"/> Conscientious	<input type="checkbox"/> Dependable	<input type="checkbox"/> Inconsistent	<input type="checkbox"/> Unreliable
<b>Emotional Stability</b>	<input type="checkbox"/> Exceptionally mature	<input type="checkbox"/> Very stable	<input type="checkbox"/> Sometimes unstable	<input type="checkbox"/> Unstable
<b>Adaptability</b>	<input type="checkbox"/> Adjust well	<input type="checkbox"/> Average	<input type="checkbox"/> Ill at ease	<input type="checkbox"/> Unable to cope
<b>Work Ethic</b>	<input type="checkbox"/> Seeks added work	<input type="checkbox"/> Does assignment	<input type="checkbox"/> Needs motivation	<input type="checkbox"/> Poor habits
<b>Reaction to Difficulties</b>	<input type="checkbox"/> Victorious	<input type="checkbox"/> Accepting	<input type="checkbox"/> Struggles	<input type="checkbox"/> Bitter
<b>Overall attitude</b>	<input type="checkbox"/> Very respectful	<input type="checkbox"/> Above average	<input type="checkbox"/> Passive	<input type="checkbox"/> Critical
<b>Organizational ability</b>	<input type="checkbox"/> Very gifted	<input type="checkbox"/> Effective	<input type="checkbox"/> Average	<input type="checkbox"/> Not effective
<b>Leadership</b>	<input type="checkbox"/> Excellent leader	<input type="checkbox"/> Gifted	<input type="checkbox"/> Limited	<input type="checkbox"/> Not a leader
<b>Personal appearance</b>	<input type="checkbox"/> Very sharp	<input type="checkbox"/> Good	<input type="checkbox"/> Neat and clean	<input type="checkbox"/> Untidy
<b>Financial accountability</b>	<input type="checkbox"/> Beyond reproach	<input type="checkbox"/> Honest	<input type="checkbox"/> Inconsistent	<input type="checkbox"/> Not faithful
<b>Morality</b>	<input type="checkbox"/> Unquestionable	<input type="checkbox"/> Above average	<input type="checkbox"/> Appears Good	<input type="checkbox"/> Questionable
<b>Health</b>	<input type="checkbox"/> Robust	<input type="checkbox"/> Good condition	<input type="checkbox"/> Some problems	<input type="checkbox"/> Poor health
<b>Perseverance</b>	<input type="checkbox"/> Very strong	<input type="checkbox"/> Strong	<input type="checkbox"/> Sometimes waivers	<input type="checkbox"/> Weak
<b>Overall Evaluation of the Applicant:</b>	<input type="checkbox"/> Excellent	<input type="checkbox"/> Above average	<input type="checkbox"/> Average	<input type="checkbox"/> Questionable
<b>I recommend this applicant:</b>	<input type="checkbox"/> Without reservation	<input type="checkbox"/> With reservation	<input type="checkbox"/> I am unable to recommend at this time	

Comments: \_\_\_\_\_

Signature: \_\_\_\_\_ Title: \_\_\_\_\_ Date: \_\_\_\_\_