



ACTS

PO BOX 62429
COLORADO SPRINGS, CO 80962
SCHOOL@ACTS.GLOBAL

PASTORAL RECOMMENDATION FORM

TO BE COMPLETED BY THE ACTS CANDIDATE:

Last name: _____ First name: _____

Address: _____

City: _____ State: _____ Zip: _____

Phone: (____) _____ Email: _____

To the Candidate:

You may waive your right to see this character reference with the understanding that none of the information within will be disclosed to you. Check the box below which represents your wishes. This will in no way affect the decision of the ACTS Leadership Committee. Please note: Failure to indicate a choice is the same as checking the "I do not waive" box.

☐ I waive my right to see this character reference.

☐ I do not waive my right to see this character reference.

Candidate Signature

TO THE PASTORAL REFERENCE:

This recommendation form is to be completed by the candidate's (present or former) pastor. In the case that the candidate's father or mother is the pastor, an elder or other church officer may act as pastoral reference. Please return this form directly to our office in a sealed envelope with your signature across the seal. If you have any questions, you may email them to school@acts.global. Thank you for your involvement in this important phase of the candidate's life.

Your Name: _____

Church Name: _____

Address: _____

Church Telephone: (____) _____ Your Position: _____

Home Telephone: (____) _____ Email: _____

PLEASE COMMENT ON EACH OF THE FOLLOWING AREAS:

1. Length and nature of your relationship with the applicant.

2. The applicant's character and demonstrated concern for others.
3. The applicant's emotional stability and social sensitivity.
4. The applicant's relationship and attitude towards peers, supervisors, and subordinates (same gender and cross-gender).
5. The applicant's ability to set and achieve goals (What do you perceive his/her goals to be?).
6. The applicant's commitment to Christ and the work of the gospel as seen in his/her present involvement.
7. Do you have any reservations about this person's ability to participate in a rigorous 5-month training program that includes overseas missions for 2 months?
8. Do you think this program will positively or negatively affect the applicant's marriage or family life (if applicable)?
9. Do you know of any occasion where this person has been accused, disciplined, or dismissed for moral/ethical or legal reasons? Please elaborate.

10. How has he/she demonstrated Christian character and ministry potential?

11. What do you feel are his/her spiritual gifts, and how has he/she demonstrated significant ability to relate to people in the exercise of those gifts?

12. In consideration of the applicant's suitability for this program and overall potential for ministry, please check one of the following:

☐ Highly recommend ☐ Recommend ☐ Recommend with reservations* ☐ Do not recommend*

*Please explain concerns below or add your comments:

Signature_____Date_____

Please place this form in a sealed envelope with your signature across the seal and return to:

**ACTS School
PO Box 62429
Colorado Springs, CO 80962**