

Recommendation for the Strategic Ministry Residency Program

Deadline for application is May 1.

APPLICANT INFORMATION

Full Name (please print): _____

What field are you applying for: _____ Children & Family _____ Church Administration _____ Communications
_____ Pastoral _____ Worship/Production _____ Youth _____ Other: _____

Waiver of right of access to confidential statement: I, the undersigned, hereby voluntarily waive any right to inspect the content of this recommendation.

Applicant Signature: _____ Date: _____

TO BE COMPLETED BY A MINISTER, ELDER, OR UNIVERSITY FACULTY:

Your comments are important to us; therefore, please provide your complete and careful evaluation. You must have known the applicant for at least six months and not be related.

**Please return this completed form promptly to the attention of Lauren Shears at
LShears@JohnsonU.edu or 7900 Johnson Drive, Knoxville, TN 37998.**

How long have you known the applicant?

In what capacity?

How well do you know the applicant? _____ Close personal relationship _____ Fairly well
_____ Casually _____ Occasional Conversations _____ By name only

Have you observed evidence to support the applicant's profession of having surrendered to Jesus Christ as their Lord and Savior, having been baptized, and being committed to having the character of Jesus Christ live through them? _____ Yes _____ No

Is the applicant living a consistent Christian Life? _____ Yes _____ No

Describe the applicant's pattern of church attendance. He/she attends:

_____ Weekly (1+ times per week) _____ Occassionally* (less than once per week) _____ Unknown*

*Please Explain: _____

Indicate level of church involvement: _____ Very involved _____ Involved _____ Not Involved _____ Unknown

How would you describe the applicant's testimony of purity (within the last 2 years)?

___ Above reproach ___ Have not observed ___ Questionable* ___ Unknown*

*Please explain: _____

In social relationships with peers, the applicant is: ___ sought out ___ accepted ___ tolerated

The applicant's Christian testimony among his/her peers is: ___ positive ___ neutral ___ negative

Competencies/Character	Outstanding Top 10%	Very Good Upper 25%	Average	Below Average	Inadequate Opportunity to Observe or Assess
Personal Maturity					
Spiritual Maturity					
Trustworthiness					
Dependability					
Humility					
Leadership					
Deals w/ Stress					
Conflict					
Interactions with others					
Personal Responsibility					
Oral Communication Skills					
Motivation & Initiative					
Teachability					

In your opinion, how do you see the applicant's best use of their abilities and desires in advancing God's Kingdom? _____

List the greatest growth area(s) needed within the application: _____

Reference completed by (print): _____ Title: _____

Email: _____ Phone: _____

Signed: _____ Date: _____

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