

# Pastor/Rabbi Recommendation Form:

Mail: Eagles' Wings Ministries/ DPPJ, P.O. Box 450, Clarence, NY 14031 Fax: 716 759 0731  
E-mail: office@eagleswings.to

Name of Potential Coordinator: \_\_\_\_\_ Phone #: (\_\_\_\_) \_\_\_\_\_

Pastor/Rabbi's Name: \_\_\_\_\_

Daytime Phone #: (\_\_\_\_) \_\_\_\_\_ Evening Phone #: (\_\_\_\_) \_\_\_\_\_

Church/Synagogue: \_\_\_\_\_ Position of Leadership: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

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

How well do you know him/her?  By face  casually  fairly well  very well

## How would you rate the applicant in the following?

Circle a number (from 1-5) which would best reflect how the applicant reflects the following character traits:

1 = Poor and 5 = Excellent

|                         |                                 |                          |
|-------------------------|---------------------------------|--------------------------|
| Servanthood 1 2 3 4 5   | Respect for authority 1 2 3 4 5 | Maturity 1 2 3 4 5       |
| Dependability 1 2 3 4 5 | Leadership Ability 1 2 3 4 5    | Spiritual Life 1 2 3 4 5 |

Circle a number (from 1-5) which would best reflect how the applicant reflects the following character traits:

1 = Poor and 5 = Excellent

|                                   |                       |                      |
|-----------------------------------|-----------------------|----------------------|
| Procrastination 1 2 3 4 5         | Critical 1 2 3 4 5    | Irritable 1 2 3 4 5  |
| Argumentative 1 2 3 4 5           | Domineering 1 2 3 4 5 | Rebellious 1 2 3 4 5 |
| Inclined toward crushes 1 2 3 4 5 | Depressed 1 2 3 4 5   |                      |

1. Is this applicant active in his/her congregation?  YES  NO
2. To your knowledge has the applicant had a salvation experience?  YES  NO
3. Are you aware of any instances of mental or emotional illness or difficulty in the applicant?  YES  NO
4. To your knowledge, has the applicant struggled with the use of tobacco, alcohol or illegal drugs in the past year?  YES  NO
5. Have you ever had reason to question the applicant's morals?  YES  NO
6. Do you have any reason to lack confidence in this applicant?  YES  NO

We would appreciate any additional comments you might have concerning the applicant.  
(Use an extra sheet of paper or the back of this form.)

On the basis of the above information, the applicant is:

Strongly recommended  Recommended  Recommended with reservation