

CONGREGATIONAL ASSISTANT PROGRAM

Preparing Men and Women for Service in the Local Congregation

Pastor's Recommendation

Full name of applicant: _____

Pastor: The above-named individual is applying for admission to the Congregational Assistant Program. This form requests information that we consider essential for a thorough evaluation of the applicant's request for admission. Please evaluate the applicant in each area suggested below. Additional comments are welcome and valued. Because we respect the confidential nature of your comments, **this form will be destroyed once a student matriculates.**

Comments

Worship and communion attendance

Ability to work in a team

Aptitude for church leadership

Aptitude for teaching

Communication skills

Emotional stability

Understanding of the WELS ministry

Interest in serving in the WELS ministry

Dependability/faithfulness

Reputation among peers

Reputation among adults

Fitness for ministry

List and comment on outstanding strengths of the applicant.

List and comment on areas in which the applicant could improve.

List any factors in the home environment that influence the applicant favorably/unfavorably.

What is the applicant's marital status?

- Single Married Widowed Separated Divorced Divorced and Remarried

Comments: _____

If married, is applicant's spouse a member in good standing in your church? Yes No

Comments: _____

If married, is applicant's spouse encouraging applicant to prepare for public ministry? Yes No

Comments: _____

Has the applicant ever discussed with you his/her desire to prepare for public ministry? Yes No

Comments: _____

To your knowledge, has the applicant ever had problems that would affect his/her fitness for ministry? Yes No

Comments: _____

How long have you known the applicant? _____

Other Comments: _____

Recommendation:

- I recommend this applicant without reservations.
- I recommend this applicant, but with reservations.
- I do not recommend this applicant.
- Call me. I'd like to discuss this applicant with you.

Name: _____ Phone Number: _____

Signature

Date

Important: A prompt admissions decision depends on receiving this form as soon as possible.

Questions? Please contact Dr. Lawrence Olson, Congregational Assistant Program Director, 1995 Luther Ct., New Ulm, MN 56073.

Phone: (507) 354-8221 Ext. 252. **Fax:** (507) 233-9106. **E-mail:** olsonlo@mlc-wels.edu

Please feel free to include any additional pertinent information. Thank you for your help and cooperation.

