



CIP PASTORAL RECOMMENDATION FORM

CSCC Internship Programme Office

11 East Coast Road #02-10
The Odeon Katong
Singapore 428722
Tel: (65) 3444733 Fax (65) 63443877
Email: internship@csc.org.sg

Pastoral Recommendation Form must be received by **15 April 2019**.
Application will not be considered complete until this recommendation form is received by the office.

To be completed by the APPLICANT

Applicant's Name _____ Mobile Number _____

Email Address _____

Church _____

Dates of the Internship: 14 May 2019 to 05 July 2019
Start (Day, Month, Year) End (Day, Month, Year)

To be completed by the PASTORAL REFEREE

The pastoral referee must be the pastor/ elder of the applicant's home church, and to have known the applicant for at least one year.

The applicant (named above) is applying for admission into the CSCC Internship Programme, and is asking you to provide a recommendation. Serious consideration is given to this recommendation, so your comments are important. The CSCC Internship Programme is an initiative taken by Cornerstone Community Church to provide a dynamic and vibrant programme to develop the next generation of Christian leaders. It is a mentoring and experiential learning journey focused on understanding the Bible and Bible-based ministry skills.

Thank you for giving your honest and sincere comments to assist our assessment of the applicant. The CSCC Internship Programme will keep all information confidential. If you have any queries, please email: internship@csc.org.sg.

Pastoral Referee's Name _____ Mobile Number _____

Email Address _____

Church _____ Title _____

Church Address _____

1. How well do you know the applicant?

- Very well Well Casually By name/ sight

2. Does the applicant know Jesus Christ as his/her Lord and Saviour?

- Yes No

3. Does the applicant's life reflect a personal commitment to Jesus Christ?

- Yes No

4. Does the applicant live by Biblical moral standards?

- Yes No

5. To what extent is the applicant engaged in activities in your church?

- Irregular in attendance and shows little interest.
 Regular in attendance but seldom participate in activities.
 Regular in attendance and is cooperative and willing to help.

6. Has the applicant served your congregation in any capacity?
 If yes, please give a brief description.

- Yes No

7. What is the applicant's effect on his/ her peers?

8. What is your assessment of the applicant's ability to handle situations involving change, crisis, and correction?

9. From your observation, what are the strengths and spiritual gifts of the applicant?

10. From your observation, what are the weaknesses and struggles of the applicant?

11. Have there been any moral failings within the last twelve months that you are aware of? Yes No
 If yes, please explain.

12. Are you aware if the applicant has any medical, emotional, moral or psychological conditions that may affect his /her participation in this programme? Yes No If yes, please explain.

13. Are you aware if the applicant has any doctrinal peculiarities that may affect Christian ministry? Yes No
 If yes, please explain.

14. Are you aware of any complex family or relational factors that might affect the applicant's time in this programme?

15. Please assess the applicant in the following areas by checking (✓) the appropriate boxes:

Aspects	Uncertain	Weak	Fair	Good	Outstanding
Spiritual Maturity	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Devotion to Jesus Christ	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Integrity and Honesty	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Openness to Correction	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Self-Discipline	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Working Without Supervision	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Willingness to Serve	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Ability to Work with Others	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Communication Skills	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Leadership Skills	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Reliability	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Teachability	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Emotional Stability	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Mental Stability	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Physical Health	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Family Life	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Any additional comments or explanations:

16. Please assess the applicant's written and oral abilities in the English language by checking (✓) the appropriate boxes:

Aspects	Poor	Average	Good	Excellent
Oral Comprehension	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Writing	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Speaking	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

17. Do you recommend this applicant for the CSCC Internship Programme?

Highly recommend
 Recommend
 Recommend with reservations*
 Do not recommend*

* Please elaborate:

Pastoral Referee

I certify that the above information is correct to the best of my knowledge.

Signature _____

Date _____
dd/mm/yyyy

Upon Completion

By submitting this form, I agree that Cornerstone Community Church ("Church") may collect, use and disclose my personal data for the purposes of maintaining and updating the Church's record as indicated for the purposes above in accordance with the Personal Data Protection Act. You also consent to the Church contacting you by calls, text messages, post and emails.

Please mail this recommendation to:

CSCC Internship Programme Office
 11 East Coast Road #02-10
 The Odeon Katong
 Singapore 428722

This person's application will not be considered complete until this recommendation form is received by the CSCC Internship Programme Office.

The information given will be kept strictly confidential.

Thank you for completing this form and thus assisting in the evaluation process.