



cornerstone
APPRENTICE

APPRENTICE PASTORAL RECOMMENDATION FORM

Missions Department, CSCC
11 East Coast Road #02-16
The Odeon Katong
Singapore 428722
Tel: (65) 3444733 Fax (65) 63443877
Email: missions@csc.org.sg

Pastoral Recommendation Form must be received by **30 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 _____
Cell Group _____
Cell Leader Name _____
Cell Leader Contact Number _____

To be completed by the PASTORAL REFEREE

The pastoral referee must be the CSCC cell / zone / pastoral / ministry leader of the applicant's home church, and to have known the applicant for at least one year.

The applicant (named above) is applying for the Apprentice Programme under the Missions Department, and is asking you to provide a recommendation. Serious consideration is given to this recommendation, so your comments are important. The Apprentice Programme is Cornerstone's medium term missions programme for mature church members to be sent out to serve in the nations for a period of 3 – 12 months.

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

Referee's Name _____ Mobile Number _____
Email Address _____
Cell _____ Title _____

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 cell / ministry in any capacity? Yes No
 If yes, please give a brief description.

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, financial, relational or any other factors that might affect the applicant's time in this programme?

15. Are you aware of a missions or a full time call upon the applicant's life? If yes, please elaborate:

16. 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"/>
Adaptability	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Cross-cultural Sensitivity	<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:

17. 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"/>

18. Do you recommend this applicant for the Apprenticeship Programme?

Highly recommend Recommend Recommend with reservations* Do not recommend*

* Please elaborate:

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 drop off the recommendation at:

Missions Department, CSCC
11 East Coast Road #02-16
The Odeon Katong
Singapore 428722

This person's application will not be considered complete until this recommendation form is received by the Missions Department

The information given will be kept strictly confidential.

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