

# Pastoral Recommendation Form

## The Art of Hearing God Teacher Training



Standard Use: As part of the ISD Instructor / Teaching certification process.

### **This Section to be Completed by the Applicant**

(As a courtesy, please provide a stamped self-addressed envelope for the person completing this form. Envelopes should be addressed to CAHABA TRAINING CENTER, 4445 Crescent Road, Irondale, AL 35210)

Student Name (Please Print Clearly): \_\_\_\_\_

Address: \_\_\_\_\_

\_\_\_\_\_

Telephone Number: \_\_\_\_\_ Email Address: \_\_\_\_\_

#### **Confidentiality Statement:**

You have the right to review your application and recommendation records for certification as a Instructor / Teacher with Streams Ministries International. You may waive your right of access to this specific recommendation if you so choose. Your decision on this issue of access will not affect your application. Please mark the appropriate line and sign your name below.

#### **Student, Please check one box:**

- I waive my right of access to the information contained herein.
- I do not waive my right of access to the information contained herein.

Applicant's Signature: \_\_\_\_\_ Date: \_\_\_\_\_

### **This Section to be Completed by The Applicant's Pastor**

The person named above is applying to become a certified Instructor / Teacher with Streams Ministries International. We request an open and honest evaluation of the applicant. In addition, please sign the form in the designated area. Thank you for your time and effort.

1. How long and in what context have you known this person? \_\_\_\_\_

2. How would you describe the person's commitment to the Christian Faith? Use a scale range of 1 (lowest) to 10 (highest) \_\_\_\_\_

3. Does this person display the fruits of the Holy Spirit (Galatians 5:11-14)?  Yes  No

Comment: \_\_\_\_\_

4. Does this person have evidence of consistent Christian character?  Yes  No

Comment: \_\_\_\_\_

5. Please share any perceived weaknesses: \_\_\_\_\_

\_\_\_\_\_

6. Does the person support and defend their local church leadership?  Yes  No

Comment: \_\_\_\_\_

7. Do you recommend this person for course work and teaching ministry with Streams Ministries?

Yes, I recommend without reservation.

Yes, with some reservations.

I cannot recommend this person.

Comment: \_\_\_\_\_

Additional Comments:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Pastor's Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Pastor's Name (Please Print): \_\_\_\_\_ Phone: \_\_\_\_\_

Church Name: \_\_\_\_\_

Church Mailing Address: \_\_\_\_\_

\_\_\_\_\_

Pastor's Email Address: \_\_\_\_\_

Mail to below address in the provided self-addressed stamped envelope:

**Cahaba Training Center  
4445 Crescent Road  
Irondale, AL 35210  
or FAX: 205-503-5193**

Thanks for your help!

If you have any questions please contact Cahaba Training Center Director:  
Michael French 205-957-0080