

# King of Kings Ministries Jerusalem

## Pastoral Recommendation

Pastoral Recommendation Form for \_\_\_\_\_  
Applicant's name

Dear Pastor,

The person named above is applying to volunteer with King of Kings Ministries Jerusalem in Jerusalem, Israel, [www.kkcj.org](http://www.kkcj.org). We ask if you would be willing to complete this form on their behalf and email/fax it DIRECTLY to the King of Kings offices.

If you have any questions, you can contact us at [volunteer@kkcj.org](mailto:volunteer@kkcj.org), with the subject Pastoral recommendation. Our fax number is: +972-2-625-1986.

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

City: \_\_\_\_\_ State/Province: \_\_\_\_\_ Country: \_\_\_\_\_

Church Phone Number: \_\_\_\_\_ Email: \_\_\_\_\_

How long have you known the applicant? \_\_\_\_\_ Months/Years

How long has the applicant attended your church? \_\_\_\_\_ Months/Years

Please check what applies to the applicant:

- |  |                                       |                                      |                                     |
|--|---------------------------------------|--------------------------------------|-------------------------------------|
| <input type="checkbox"/> Attends regularly   | <input type="checkbox"/> Distant      | <input type="checkbox"/> Cooperative | <input type="checkbox"/> Interested |
| <input type="checkbox"/> Attends irregularly | <input type="checkbox"/> Enthusiastic | <input type="checkbox"/> Involved    | <input type="checkbox"/> Other:     |

Ministry or church activities that the applicant was leading in the past: \_\_\_\_\_

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

Ministry or church activities that the applicant is currently involved in/leading: \_\_\_\_\_

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

Has the applicant lead a Home group/ Discipleship group/ Cell group? \_\_\_\_\_ If yes, please describe:

\_\_\_\_\_

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\_\_\_\_\_  
(Applicant's name)

What are the applicant's strengths and spiritual gifts in your observations? \_\_\_\_\_

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What is your assessment of the applicant's weaknesses? \_\_\_\_\_

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Please evaluate the applicant in these areas:

Spiritual maturity	<input type="checkbox"/> Uncertain	<input type="checkbox"/> Weak	<input type="checkbox"/> Fair	<input type="checkbox"/> Good	<input type="checkbox"/> Strong
Devotion to Messiah	<input type="checkbox"/> Uncertain	<input type="checkbox"/> Weak	<input type="checkbox"/> Fair	<input type="checkbox"/> Good	<input type="checkbox"/> Strong
Personal Integrity	<input type="checkbox"/> Uncertain	<input type="checkbox"/> Weak	<input type="checkbox"/> Fair	<input type="checkbox"/> Good	<input type="checkbox"/> Strong
Self-Discipline	<input type="checkbox"/> Uncertain	<input type="checkbox"/> Weak	<input type="checkbox"/> Fair	<input type="checkbox"/> Good	<input type="checkbox"/> Strong
Willingness to Serve	<input type="checkbox"/> Uncertain	<input type="checkbox"/> Weak	<input type="checkbox"/> Fair	<input type="checkbox"/> Good	<input type="checkbox"/> Strong
Willingness to Learn	<input type="checkbox"/> Uncertain	<input type="checkbox"/> Weak	<input type="checkbox"/> Fair	<input type="checkbox"/> Good	<input type="checkbox"/> Strong
Interpersonal Relationships	<input type="checkbox"/> Uncertain	<input type="checkbox"/> Weak	<input type="checkbox"/> Fair	<input type="checkbox"/> Good	<input type="checkbox"/> Strong
Reliability	<input type="checkbox"/> Uncertain	<input type="checkbox"/> Weak	<input type="checkbox"/> Fair	<input type="checkbox"/> Good	<input type="checkbox"/> Strong
Ability to Work with Others	<input type="checkbox"/> Uncertain	<input type="checkbox"/> Weak	<input type="checkbox"/> Fair	<input type="checkbox"/> Good	<input type="checkbox"/> Strong
Communication Skills	<input type="checkbox"/> Uncertain	<input type="checkbox"/> Weak	<input type="checkbox"/> Fair	<input type="checkbox"/> Good	<input type="checkbox"/> Strong
Leadership Skills	<input type="checkbox"/> Uncertain	<input type="checkbox"/> Weak	<input type="checkbox"/> Fair	<input type="checkbox"/> Good	<input type="checkbox"/> Strong
Physical Health	<input type="checkbox"/> Uncertain	<input type="checkbox"/> Weak	<input type="checkbox"/> Fair	<input type="checkbox"/> Good	<input type="checkbox"/> Strong
Emotional Health:	<input type="checkbox"/> Uncertain	<input type="checkbox"/> Weak	<input type="checkbox"/> Fair	<input type="checkbox"/> Good	<input type="checkbox"/> Strong

Comment on any of the above: \_\_\_\_\_

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\_\_\_\_\_  
(Applicant's name)

Are there any complex family, relational or emotional factors which might affect the applicant's service with us? \_\_\_\_\_  
\_\_\_\_\_

Would you have the applicant on your staff?  Yes  No Why or why not? \_\_\_\_\_  
\_\_\_\_\_

Does your congregation intend to financially support the applicant?  Yes  No

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

Do you recommend the applicant to volunteer or work with King of Kings Ministries Jerusalem?

Highly recommend       Recommend       Recommend with reservation

Do not recommend      Comment: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Is there any additional information you would like to share about the applicant?  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**Thank you for taking your time to fill out this form!**

Please sign and date at the bottom stating that all of the above information that you have provided is correct.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_