



**2011-2012 WTC APPLICATION
PASTORAL REFERENCE LETTER**

Destiny & Dominion Worship Training Centre
Because the Father is seeking true worshipers

TO THE APPLICANT: This reference form should be completed by your Pastor and mailed directly by him or her to the WTC Office. If your parent is your minister, please refer the form to either the Assistant Pastor or Worship Pastor in your church.

Name:		Phone #:		E-Mail:	
Address:			Apt #:	City:	Province:
					Postal Code:

I willingly waive my right of access to see this recommendation, knowing that this waiver is not required as condition for admission.

Signature: _____ Date: _____

TO THE PASTOR: The above named person is applying for admission to Destiny & Dominion Worship Centre. Serious consideration will be given to your comments; therefore, we ask that you complete this form carefully. This reference will be kept in confidence. Thank you for your assistance.

1. How long have you known the applicant? _____

2. How well do you know him/her? (Check one)

- | | |
|------------------------------------------------------------------|----------------------------------------------------------|
| <input type="checkbox"/> Very Close Pastoral Relationship | <input type="checkbox"/> Casually, Few Personal Contacts |
| <input type="checkbox"/> Fairly Well, Numerous Personal Contacts | <input type="checkbox"/> By Name / Sight |

3. To your knowledge, has the applicant made a personal commitment to Jesus Christ?

- | | | |
|------------------------------|-----------------------------|-------------------------------------|
| <input type="checkbox"/> Yes | <input type="checkbox"/> No | <input type="checkbox"/> Don't Know |
|------------------------------|-----------------------------|-------------------------------------|

4. To what extent is the applicant engaged in the activities of your church? (Check one)

- | | |
|---------------------------------------------------------------|-----------------------------------------------------------------------|
| <input type="checkbox"/> Enthusiastic, Deeply Involved | <input type="checkbox"/> Seldom Participates, But Attends Regularly |
| <input type="checkbox"/> Cooperative, Usually Willing To Help | <input type="checkbox"/> Attends Irregularly, Showing Little Interest |

5. In what form of Christian service has the applicant participated regularly?

6. What are the applicant's strong points? (Include special abilities)



7. Please rate the person in the following areas. (Check one for each category)

Category	Excellent	Above Average	Average	Below Average	No Chance To Observe
Christian Commitment					
Financial Responsibility					
Initiative					
Potential Leadership					
Cooperativeness					
Integrity					
Emotional Stability					
Health					
Personal Appearance					
Concern for Others					

8. Does the applicant have personality traits that impair his or her relationship with others?

9. To your knowledge, does the applicant... Smoke? Drink? Use illegal drugs?

Comments: _____

10. Please describe any factors which might affect the applicant's success at Destiny & Dominion Worship Training Centre.

11. Please share any further comments you may have regarding the applicant that would help in our evaluation process.

I Recommend I Recommend With Reservation I Do Not Recommend

Name:	Date:	Church Phone #			
Church & Denomination:			Position:		
Address:	Unit #:	City:	Province:	Postal Code:	

The information provided is accurate to the best of my knowledge.

Signature: _____ Date: _____

