

# Waco School of Transformation

## Pastoral Recommendation

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**NOTE: This section to be completed by Applicant**

**To the Applicant:** This recommendation should be completed by your pastor and emailed directly to Marti Dietrick at [marti@wacoschooloftransformation.com](mailto:marti@wacoschooloftransformation.com) or mail to: 704 Poage Dr. Waco, TX 76712

If your pastor is your parent or spouse, ask another member of the church's pastoral staff to complete this form.

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

Applicant's Name: \_\_\_\_\_

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

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Phone - Day: \_\_\_\_\_ Phone - Evening: \_\_\_\_\_

**To the Pastor:** The above named is applying for admission to the Waco School of Transformation. Serious consideration will be given to your comments. We appreciate your help in this matter and will keep any information you supply in confidence. Thank you for your assistance. Once completed, please mail to the address at bottom.

1. How long have you known the applicant? \_\_\_\_\_

In what capacity? \_\_\_\_\_

2. How well do you know him/her? Please check one.

\_\_\_\_ Very well, pastoral relationship

\_\_\_\_ Fairly well, numerous personal contacts

\_\_\_\_ Casually, few personal contacts

\_\_\_\_ By name/sight

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

\_\_\_\_ Yes \_\_\_\_ No \_\_\_\_ Unsure

4. To what extent is the applicant engaged in the activities of your church? Please check one.

\_\_\_\_ Enthusiastic, deeply involved

\_\_\_\_ Cooperative, usually willing to help

\_\_\_\_ Seldom participates, although attends regularly

\_\_\_\_ Attends irregularly, shows little interest

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

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

6. What do you consider to be the applicant's strengths? \_\_\_\_\_

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

7. Please tell us of any weaknesses of which we should be aware. \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

8. To your knowledge, does the applicant:  
**Use Tobacco?**      \_\_\_ Yes \_\_\_ No  
**Drink?**            \_\_\_ Yes \_\_\_ No  
**Use Illegal Drugs?**    \_\_\_ Yes \_\_\_ No

9. Please describe home factors which might affect the applicant's success in the Waco School of Transformation. \_\_\_\_\_

10. The applicant's influence on his or her peers is:  
\_\_\_ Positive \_\_\_ Neutral \_\_\_ Negative

11. Please evaluate the applicant in regard to the following categories. Please circle one where 1 is Poor and 6 is Excellent. If you have not observed a particular category, please circle "NO."

- Response to authority** 1 2 3 4 5 6 NO
- Reliability:** dependability, responsibility 1 2 3 4 5 6 NO
- Maturity:** personal development, ability to cope with life situations 1 2 3 4 5 6 NO
- Emotional stability:** reaction to stress, poise, mood stability 1 2 3 4 5 6 NO
- Motivation:** genuineness and depth of commitment 1 2 3 4 5 6 NO
- Judgment:** ability to analyze a problem 1 2 3 4 5 6 NO
- Oral expression:** clarity, coherence 1 2 3 4 5 6 NO
- Interpersonal relations:** rapport, cooperation, attitudes toward supervision 1 2 3 4 5 6 NO
- Empathy:** sensitivity to the needs of others 1 2 3 4 5 6 NO
- Work habits:** stamina, conscientiousness, perseverance, resourcefulness, initiative 1 2 3 4 5 6 NO
- Leadership:** creative thought, curiosity, self-confidence 1 2 3 4 5 6 NO
- Personal appearance:** cleanliness, grooming 1 2 3 4 5 6 NO
- Integrity:** honesty, moral character 1 2 3 4 5 6 NO

12. Please add any further comments you may have which would help in our evaluation.  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Please print or type the information below.  
Your Name: \_\_\_\_\_  
Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_ Zip: \_\_\_\_\_  
Phone: \_\_\_\_\_  
Church denomination: \_\_\_\_\_  
Your position in the church: \_\_\_\_\_

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

Please email directly to Marti Dietrick: [marti@wacoschooloftransformation.com](mailto:marti@wacoschooloftransformation.com) or mail to: 704 Poage Drive, Waco, TX 76712