**CONSISTORY RECOMMENDATION FORM**

Church Name \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date \_\_\_\_\_\_\_\_\_\_\_\_\_\_

Recommendation for \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Length of applicant’s confessing membership in this church \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Year of Baptism \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Year of Confession \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Has the applicant been ordained as an elder? \_\_\_ yes \_\_\_ no

If yes, year of ordination as an elder \_\_\_\_\_\_\_

If no, note that the BCO states that “A commissioned pastor is an elder…” Some churches ordain but do not install elders who will become commissioned pastors. What is your plan for ordaining the candidate as an elder?

Has the applicant been ordained as a deacon? \_\_\_ yes \_\_\_ no

If yes, year of ordination as a deacon \_\_\_\_\_\_\_

List leadership activities that this candidate has fulfilled in this church

In what other ways has this candidate demonstrated a personal commitment to Christ and significant gifts for ministry?

What are the greatest strengths this candidate brings to serving in ministry?

What are some areas of growth that need to be further developed in the life and ministry of this candidate?

We intend the candidate to be commissioned to the ministry of (give name of title or position).

*(continued on next page)*

**CONSISTORY RECOMMENDATION** (Continued)

Do you recommend this individual to enter the training process for becoming a Commissioned Pastor within your classis and the Synod of the Great Lakes?

 \_\_\_\_ highly recommend \_\_\_\_ recommend \_\_\_\_ do not recommend

Will you commit to support and encourage this candidate in ministry and leadership development as this candidate seeks to become a Commissioned Pastor?

 \_\_\_\_ yes \_\_\_\_ no

Is this church able to provide a learning environment for ministry or do you recommend that the candidate seek another teaching church or ministry environment?

 \_\_\_\_ yes, we are able \_\_\_\_ no, another environment is better

Is this church willing to underwrite some or all of the costs for the training and supervision of this candidate?

 \_\_\_\_ yes \_\_\_\_ no \_\_\_\_ maybe

List the name(s) and phone number(s) of a person(s) who is willing to serve on the candidate’s supervisory committee (*for the duration of the candidate’s training)*

Name \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Phone \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Name \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Phone \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

List the name and phone number of a person who might serve as a mentor for the candidate *(for the duration of the candidate’s training)*

Name \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Phone \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Signature of the Vice President of Consistory \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

*Send copies of this form to the appropriate classis committee and to the regional synod commissioned pastor office for consideration. After the classis endorses the candidate, a copy of this form and all other application forms should be sent to*: Commissioned Pastor Program, 4500 60th St, SE, Grand Rapids MI 49512 or email to Alison DeBoer: adeboer@rcagl.org.