**SESSION RECOMMENDATION FORM**

*Please Note: If the session would like to view the candidate’s three Personal Recommendation Forms to assist in completing this form, you may request copies from Church Leadership Center at* [*admin@churchleadershipcenter.org*](mailto:admin@churchleadershipcenter.org)*.*

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, 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?

*(continued on next page)*

**SESSION RECOMMENDATION** *(Continued)*

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

Do you recommend this individual to enter the training process for becoming a Commissioned Lay Pastor within your presbytery?

\_\_\_\_ 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 Lay 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 \_\_\_\_\_\_\_\_\_\_\_\_\_ Email \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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

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 \_\_\_\_\_\_\_\_\_\_\_\_\_ Email \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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

*Please send this completed form to Church Leadership Center at 166 S. River Ave., Suite 150, Holland, MI 49423 or email to* [*admin@churchleadershipcenter.org*](mailto:admin@churchleadershipcenter.org)*.*