



LXP Applicant name:.....

Date:.....

Recommendation Form: PASTOR REFERENCE

We appreciate the time taken to complete this recommendation form. Please provide us with as much information as necessary regarding the applicant's aptitude for The Leadership Experience (LXP) program. Your evaluation will be held in the strictest confidence. For more information regarding LXP, please feel free to contact Michele Mwanza at michelemwanza@gmail.com.

SECTION 1—APPLICANT PLEASE FILL IN ALL INFORMATION IN SECTION 1:

Name of Applicant: _____

Pastor's Name: _____

Pastor's Phone No. (include country code if necessary): _____

(FOLLOWING SECTIONS TO BE COMPLETED BY APPLICANT'S PASTOR)

SECTION 2—PLEASE ANSWER THE FOLLOWING QUESTIONS:

How long have you known the applicant? _____

How well do you know the applicant? Name/sight only Casual Acquaintance Fairly well Very well

Rank the following on a scale of 1-5 by circling the number you believe best describes the applicant:

	1 Poor	2 Minimal	3 Average	4 Excellent	5 Outstanding
Social Skills	1 2 3 4 5		Ability to communicate clearly		1 2 3 4 5
Self-confidence	1 2 3 4 5		Ability to receive correction		1 2 3 4 5
Adaptability	1 2 3 4 5		Ability to make decisions		1 2 3 4 5
Emotional stability	1 2 3 4 5		Ability to submit to leadership		1 2 3 4 5
Servant attitude	1 2 3 4 5		Ability to handle stress		1 2 3 4 5
Positive contagious spirit	1 2 3 4 5		Ability to deal with conflict		1 2 3 4 5

SECTION 3:

Please comment briefly on the family and social background of the applicant: _____

Is the applicant financially responsible? _____

Has the applicant proven on any occasion to be unreliable, dishonest or questionable in character? Please explain:

SECTION 4:

To your knowledge, has the applicant ever been involved in....

Drug or alcohol abuse? _____

Sexual immorality? _____

Please explain:

Describe how the applicant responds to authority: _____

How would you recommend this person, knowing they represent you? *(Please check one)*

Recommended with the highest assurance ____

Recommended with confidence ____

Recommended with some reservation ____

Not recommended ____

Signature of Reference _____ Date _____

NOTE TO PASTOR: This form is an essential part of each student's acceptance into CPx. Please mail this form directly to LXP if possible within one week to: The Leadership Experience, P.O. Box 1015, Jeffrey's Bay 6330, SOUTH AFRICA.