

## PASTOR'S RECOMMENDATION

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

To the Applicant: This recommendation should be completed by your pastor who will mail directly to Hong Kong School of Supernatural Ministry. If your pastor is your parent or spouse, ask another member of the church's pastoral staff to complete this form.

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

Phone: (Mobile): \_\_\_\_\_ (Work): \_\_\_\_\_ (Home): \_\_\_\_\_

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

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

**TO THE PASTOR:** The above named is applying for admission to Hong Kong School of Supernatural Ministry. 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 and signed, please send by post to HKSSM directly.***

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

2. How well do you know the applicant? Please tick one.

- Very well, pastoral relationship
- Fairly well, numerous personal contacts
- Casually, few personal contacts
- By name/sight

Comments: \_\_\_\_\_

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 tick one.

- Enthusiastic, deeply involved
- Cooperative, usually willing to help
- Seldom participates, although attends regularly
- Attends irregularly, shows little interest

Comments: \_\_\_\_\_

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

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

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7. Do you know of any weaknesses of which we should be aware of?

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8. To your knowledge, does the applicant: **Use Tobacco?** Yes No Don't know  
**Drink Alcohol?** Yes No Don't know **Use Illegal Drugs?** Yes No Don't know  
 If Yes, please explain: \_\_\_\_\_

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9. Please describe home factors which might affect the applicant's success at Hong Kong School of Supernatural Ministry \_\_\_\_\_

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

11. Additional comments: \_\_\_\_\_

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12. Please evaluate the applicant in regard to the following categories. Please circle one.

	Excellent	Above Average	Average	Below Average	Poor	No Chance to Observe
<b>Response to Authority:</b> honor, respect, teachability	1	2	3	4	5	6
<b>Reliability:</b> dependability, responsibility	1	2	3	4	5	6
<b>Maturity:</b> personal development, ability to cope with life situations	1	2	3	4	5	6
<b>Emotional Stability:</b> reaction to stress, poise, mood stability	1	2	3	4	5	6
<b>Integrity:</b> honesty, moral character	1	2	3	4	5	6
<b>Motivation:</b> genuineness and depth of commitment	1	2	3	4	5	6
<b>Judgment:</b> ability to analyze a problem	1	2	3	4	5	6

	Excellent	Above Average	Average	Below Average	Poor	No Chance to Observe
<b>Leadership:</b> creative thought, curiosity, self-confidence	1	2	3	4	5	6
<b>Interpersonal relations:</b> rapport, cooperation, attitudes toward supervision	1	2	3	4	5	6
<b>Work habits:</b> stamina, conscientiousness, perseverance, resourcefulness, initiative	1	2	3	4	5	6
<b>Empathy:</b> sensitivity to the needs of others	1	2	3	4	5	6
<b>Oral expression:</b> clarity, coherence	1	2	3	4	5	6
<b>Personal appearance:</b> cleanliness, grooming	1	2	3	4	5	6

13. Please add any further comments you may have which would help in our evaluation.

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Please print or type in the information below:

Full Name: \_\_\_\_\_ Contact Phone: \_\_\_\_\_ Email: \_\_\_\_\_

Name of Church: \_\_\_\_\_ Denomination: \_\_\_\_\_

Pastoral Position: \_\_\_\_\_

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

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

**Please return this to:**

**HONG KONG SCHOOL OF SUPERNATURAL MINISTRY**

**Address: 1/F, Workingberg Commercial Building,  
41-47 Marble Road, North Point, Hong Kong.**

**Phone: 25272270 / Fax: 37640717**

**Email: [HKSSM@icahk.org](mailto:HKSSM@icahk.org) Website: <https://icaacademy.org/hkssm>**

*Updated Nov 9, 2021*