



53 West Aarsby Road, Cochrane, AB T4C 1M1

www.kingsgatechurch.ca

King's Gate School of Supernatural Ministry

Applicant: This recommendation should be completed by your pastor and mailed directly by them to the school office. If your pastor is your parent or spouse, please ask another member of your church's pastoral staff to complete this form.

To be completed by the Applicant:

Date: _____ Applicant's name: _____

Phone: _____ Cell _____ Email: _____

Address: _____

City: _____ Province: _____ Postal Code: _____

To be completed by the Applicant's Pastor: Thank you for taking the time to give this reference. The above name is applying to attend King's Gate School of Supernatural Ministry. This is a part-time school based on the curriculum of Bethel School of Supernatural Ministry in Redding, California.

Does the applicant attend regularly? Yes No

How long has the applicant attended your church?

Less than 1 year 1-5 years 5 years +

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

Yes No Unsure

What areas has the applicant served in? _____

How would you describe the applicant's character? _____

How would you describe their relationships with the following:

Family? _____

Church leadership? _____

Would you be confident to release him/her into one or more of the following areas of your own church ministry?

- | | | |
|----------------------|------------------------------|-----------------------------|
| Office Help? | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| Children's Ministry? | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| Intercession? | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| Altar ministry? | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| Small Group Leader? | <input type="checkbox"/> Yes | <input type="checkbox"/> No |

Additional comments that would be helpful to our consideration of this applicant:

Name of Pastor: _____ Position: _____

Name of Church: _____

Address: _____

City: _____ Province: _____ Postal Code: _____

Church Phone: _____ Church email: _____

Pastor's signature: _____

If you have any questions or concerns, please contact us directly at: 403-932-6565 (King's Gate Church) or email gbutler@kingsgatechurch.ca

This form is confidential and its contents will not be shared with the applicant named herein. Please return the completed form in a sealed envelope to:

KG GSM, 53 West Aarsby Road, Cochrane, AB T4C 1M1