

The Presbytery of the Peaks  
The Commissioned Pastors Program

PASTORAL RECOMMENDATION

The individual who brings this form to you is asking for your recommendation in regard to becoming a candidate in the Commissioned Pastors Program of the Presbytery of the Peaks. The Committee on Ministry will appreciate your giving a full and fair evaluation of the applicant's potential for service in this capacity.

Name of Applicant \_\_\_\_\_

Mailing Address \_\_\_\_\_

\_\_\_\_\_ Zip \_\_\_\_\_

Telephone: Home \_\_\_\_\_ Work \_\_\_\_\_

E-mail Address \_\_\_\_\_

Church Membership \_\_\_\_\_  
(name of church) (city/state)

Please indicate how long and in what capacity you have known the applicant. Please give us your evaluation of the applicant's ability to complete the training (ordinarily over a period of three years, but possibly longer) necessary to become a Commissioned Pastor and to serve in that capacity if an opportunity arises. Please note any special strengths or weaknesses which should be taken into account during the period of preparation for this form of ministry. Please attach this form to your recommendation and mail it directly to:

Presbytery of the Peaks  
Attn: CP Workgroup  
108 Melinda Dr.  
Lynchburg, VA 24502

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

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