



Ministry Training Network

PASTOR RECOMMENDATION FORM

I have spoken with _____ concerning his/her desire to be enrolled in the training program of the Ministry Training Network of Southeastern New England for the Ministry Specialty of _____.

Knowing that an applicant's readiness for this training is based on his/her potential gifting, foundational knowledge of the Scriptures and theology, and spiritual walk, I wish to recommend _____ for this training. I will work with this applicant to identify an appropriate mentor within our congregation who will meet regularly with him/her for purposes of encouraging, monitoring progress in assigned work, and inquiring concerning spiritual walk. Further, I will be in prayer for the applicant as he/she pursues preparation for more effective service for the Lord.

Signature _____ Date _____

Pastor's Name _____

Email _____

Church _____

Street / POB _____

City _____ State _____ Zip _____

Return completed form to: MTN, P.O. Box 5186, Wakefield, RI 02880