

Applicant's Name

I waive my right of access to see this form when completed by my Pastor.

_____ **(signature of applicant)**

Pastor: WPF Hope Corps requires your recommendation prior to this applicant being approved. We are depending upon your knowledge of the applicant. Please be assured that the information you provide will be held in the strictest confidence and will **not** be shared with the applicant.

Pastor's Name: _____

Telephone _____ **E-mail** _____

APPLICANT'S INVOLVEMENT AND FAITHFULNESS

	Always	Mostly	Seldom	Never
Faithful to church?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Faithful in tithing?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Active in volunteering?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

APPLICANT'S CHARACTER

	Outstanding	Good	Fair	Not acceptable
Dependability	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Attitude	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Works well with others	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Self Motivation	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Understands and Follows Instructions	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Respectfulness	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

APPLICANT'S AREAS OF INVOLVEMENT

1. What area(s) is this applicant involved in at the local church? (Please circle)

Bible Studies Preaching Teaching Outreach Sunday School Altar Work

Singing Musical Instrument: _____ Building/Construction

Other: _____

2. What area(s) would **YOU** recommend the applicant be involved with in Hope Corps? (Please circle)

Bible Studies Preaching Teaching Outreach Sunday School Altar Work

Singing Musical Instrument: _____ Building/Construction

Other: _____

QUESTIONS ABOUT APPLICANT

1. How long have you been the pastor of this applicant? _____
2. How long has this applicant been in church? _____
3. Have you ever known this applicant to use drugs or alcohol? Yes No
If yes, explain: _____
4. Do you know if this applicant is currently taking medication? Yes No
If yes, what and why? _____
5. Does this applicant have a history of medical issues? Yes No
If yes, what are they? _____
6. Has this applicant had an issue with mental or behavioural problems? Yes No
If yes, explain _____
7. Does this applicant have strength and stamina? Yes No
If no, explain _____
8. Is this applicant sexually pure? Yes No
If no, explain _____

This applicant has my approval and full recommendation to participate in WPF Hope Corps. I understand this applicant is accountable to me and will remain under my indirect supervision as long as they are involved in Hope Corps Training and Missions. I understand that this applicant will be required to follow reasonable directions of the local Apostolic Ministry and to comply with the standards in that location. They must never lower their standard from what I have taught them while participating in WPF Hope Corps.

Pastor's Signature: _____ Date _____

When completed please mail the following to:

Hope Corps, 8520 Bradshaw Road, Sacramento, CA 95624 or fax at (916) 681-2772

- 1) Applicant's Completed Application Form
- 2) A copy of the Applicant's Police Check
- 3) Applicant's check or money order if not paying by credit card
- 4) Pastor's Questionnaire