

Pastoral Recommendation Form

Participant's name: _____

Pastor: _____

Church: _____

Church Address: _____

City: _____ State: _____ Zip Code: _____

Pastor, please answer the following questions about the above person to the best of your ability.

- Is he/she a believer and committed to the Lordship of Jesus Christ? _____
- Is he/she actively participating in some form of ministry in the church? _____
- Is he/she submitted to spiritual authority? _____
- Are there any areas of weakness in him/her that Westside Ministries should be aware of?

(Name of participant) _____, has my
recommendation to participate in a Westside Ministries mission trip(s).

Pastor's Signature

Date