



PASTOR/YOUTH PASTOR RECOMMENDATION

To the applicant: Please print your name on the line below and provide a stamped envelope addressed to River City Believers Academy, 16875 Jones Maltsberger, San Antonio TX 78247.

I willingly waive my right of access to see this recommendation.

Parent's signature _____

Family's name _____ Date _____

1. On the basis of your observation of this family, please check ALL that apply:

- _____ This family is exemplary.
- _____ This family is new to our church.
- _____ This family attends regularly.
- _____ This family does not attend regularly.
- _____ This family does not attend our church.
- _____ This family is a member in good standing.
- _____ This family's children are an example to others.
- _____ This family's children need counseling.
- _____ This family attends our church, but I do not know them because _____.

2. On the basis of your observations, would the applicant cooperate with the faculty and staff in his/her behavior and attitude?

- _____ All the time
- _____ Most of the time
- _____ About half of the time
- _____ Some of the time

Please add further comments the would assist us in evaluating the applicant:

Should we telephone for further input? _____ Phone # _____

Thank you for helping us.

Print/type name and position _____

Signed _____

Name of church _____

Address _____