



Pastoral Recommendation

5000 Deer Park Drive SE | Salem, Oregon | 97317 | 503.589.8187 | sga@corban.edu | sga.corban.edu

TO THE APPLICANT:

Complete the section below, and have your Pastor, Youth Pastor, or another church leader who is familiar with your testimony and spiritual development complete the reference section. Whoever you choose should have known you for at least one year, and must not be a relative.

This section is to be completed by the applicant.

Name of Applicant: _____

Position Applying For: _____

I willingly waive all rights to this reference letter in order to better enable the person completing the form to do so without reservation. I understand that this waiver is not required as a condition for candidacy.

Signature of Applicant: _____ Date: _____

TO THE PASTOR:

The purpose of Corban University's student government is to provide representation for the students of Corban. This applicant is petitioning to candidate for the position of student President for the 2018-2019 academic year. Having references for candidates is crucial to the approval process -- thank you for taking the time to complete this reference. If you wish to speak with someone concerning the applicant, please call 503.375.7010, or email ngeer@corban.edu.

1. How long have you known the applicant? _____

2. In what context have you known the applicant? _____

3. Please describe the applicant's strengths. _____

4. What spiritual gifts are evident in the applicant's life? _____

5. Do you feel that the applicant would be a good fit as a student leader? _____

6. Please give a brief overview of the applicant's Christian life and character. _____

7. Please check the area for each category which, in your opinion, best describes the applicant:

	Strongly Agree	Agree	Unsure/Neutral	Disagree	Strongly Disagree
Motivated					
Concerned for others					
Influences others for good					
Works well under pressure					
Respects authority					
Accepted by peers					
Discerning in behavior					
Self-disciplined					
Cooperative					
Reliable					

8. Please add any additional recommendations or comments.

9. Your recommendation of this applicant for Corban ASB:

☐ Highly Recommend ☐ Recommend ☐ Recommend with Reservation ☐ Do Not Recommend

PERSONAL INFORMATION:

Name: _____

Church Name: _____

Address: _____

City: _____ State: _____ Zip: _____

Phone: _____ Email: _____

Signature: _____ Date: _____

Please return this form by Wednesday, February 1.

Email

studentlife@corban.edu

Mail

Office of Student Life
Corban University
5000 Deer Park Drive SE
Salem, OR 97317

Fax

Attn: Office of Student Life
503-585-4316

(If faxing, please remember this is a two-sided document)