



Clergy Recommendation Form

A *love* for God.
A desire to *learn*.
A commitment to *serve*.

To SJCS Applicant: Please fill out the top portion of this form and provide it to your pastor or clergy.

Applicant Name _____ Desired position _____

Clergy should return this form by mail to: _____ or by fax to: _____

San Jose Christian School (408) 371-5596
1300 Sheffield Avenue
Campbell, CA 95008

Clergy Section

To Pastor/Clergy: The person above has applied for the position indicated at San Jose Christian School. We welcome any comments or insights you have regarding his or her character and spiritual life.

In what capacity and for how long have you known the applicant? _____

On average, how many times during a month does this applicant participate in church or congregationally related services or activities? Which activities?

How would you rate the applicant's faith and commitment to the Lord?

Please share with us any specific concerns or highlights you have on the character of this applicant and his/her ability to be a Christian role model in the position for which he/she is applying.

Pastor's/Clergy's Printed Name: _____ Date: _____

Signature: _____

Church/Congregation _____ Phone: _____

Would you like us to phone you for further information regarding this applicant? Yes No