

6. Is the person involved in church activities other than attending the worship services?

Yes _____ If so, please list. No _____

7. What kind of recommendation do you give this person?

_____ Recommend _____ Do Not Recommend _____ Recommend with reservation

8. Please add any further comments which may be helpful.

Pastor's Name: _____

Pastor's signature: _____ Date: _____

Church name and address: _____

Phone number: () _____

Please return this form to:

Bob Ippel, Executive Director, at bippel@rcsnm.org

Or Fax 505-726-9635

Or Mail: Rehoboth Christian School, PO Box 41, Rehoboth, NM 87322