



Pastoral Recommendation Form

Name _____

Church _____

Address _____

Email _____

Phone Number _____

Pastoral Role _____

How long have you been employed at your current church? _____

Name of applicant applying for CDM Certification Program? _____

Why do you recommend this applicant for the CDM Certification Program?

How do you think this applicant participating in the Certification Program will benefit the Student Ministry and your church as a whole?

Are you committed to helping the participant find a mentor at your church who will commit to meet with him or her monthly, review assignments, and be a part of the participant's entire 12 months of certification? Y/N

The 12 month Certification Program cost is \$1700 for the 2023 class. Is the church planning on funding this participant for all or part of the cost?

Other Comments

Please sign and date below stating that you are recommending this applicant for the CDM Certification Program.

| | |
|------|------|
| Name | Date |
|------|------|