



Pastor Recommendation Form for Open Gate Urban Training

Mission Statement: A two-week hands-on training program, focused on evangelism, outreach, and spiritual growth in an urban setting.

Vision Statement: Equipping youth with vision, tools, and experience to evangelize, teach, lead, and serve in their local communities and churches, making an eternal impact.

Applicant's Name: _____

Applicant: Please print your name on the line above and give this form to your pastor with a stamped addressed envelope to:

Open Gate Urban Training
c/o Andy Reeser
950 Pequea Creek Road
Pequea, PA 17565
717.283.5868

Dear pastor,

Please fill out the following form in reference to the applicant listed above and return promptly.

1. How long have you known the applicant?

2. Describe briefly your observations of the applicant's spiritual life:

3. How would you evaluate the applicant's relationship with his or her parents and peers?

4. What is the applicant's response to authority?

5. Additional comments:

6. Can you recommend this applicant to attend **Open Gate Urban Training**? Yes No

Signature

_____/_____/_____

Date

(_____)_____-_____

Phone Number