



**CHURCH (PASTOR) RECOMMENDATION FORM**

Person Seeking Counseling: \_\_\_\_\_

Name of Church: \_\_\_\_\_

Name of Pastor: \_\_\_\_\_

***The following to be completed by the individual's Pastor.***

Is this person/couple a member of your church? How long have you known this member?

Please describe the member's church commitment:

Have you or another in your congregation sought to counsel this member in the past?  
If yes, please explain the situation:

Are you supportive of this member receiving biblical counseling from The Grace Center of  
Biblical Counseling at First Baptist Church Jacksonville? Do you have any concerns?

Because counseling should be done in the community of believers where each person is  
involved, we require counselees to bring someone in spiritual leadership from their church. As  
their pastor, are you available to attend counseling with your members as their advocate? If not,  
is there a staff member or spiritual leader you could recommend? If the counselee is a female, is  
there a mature older woman who is in spiritual leadership you could recommend?

Name of Person: \_\_\_\_\_ E-mail: \_\_\_\_\_

*If no one is available to care in this way, The Grace Center of Biblical Counseling at First  
Baptist Church Jacksonville staff will contact you to discuss the best way to partner with your  
church's caring of this member.*