



**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?

Could you recommend someone (of the same gender) to attend counseling with this member so as to be able to continue to care for him/her after formal counseling is complete?

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.*