CHURCH (PASTOR) RECOMMENDATION FORM

Please review Instructions on Page 2 before completing this form.

I) Counselee, Church & Pastor Information

Person Seeking Care: _____	**Spouse (if applicable):** _____
Name of Church: _____	**Date:** _____
Pastor Name: _____	**Pastor Phone:** _____
Pastor Email: _____	

II) Pastor / Church Recommendation and Support

1. Is this individual or couple currently active in your church? ☐ Yes ☐ No

How long have you known the individual or couple? _____

2. Please describe the individual or couple's level of involvement and commitment within your church.

_____

_____

_____

3. Has your church provided care, discipleship, or counseling regarding this matter? ☐ Yes ☐ No

If yes, briefly describe the situation and the care already provided.

_____

_____

_____

4. Do you have any concerns, cautions, or recommendations for the care team?

_____

_____

_____

Pastor Recommendation
☐ I recommend this individual or couple for Biblical Soul Care through Mt. Zion Baptist Church.
☐ I do not recommend this individual or couple for Biblical Soul Care through Mt. Zion Baptist Church at this time.
To the best of my knowledge, the information provided on this form is accurate, and I support the partnership between Mt. Zion Baptist Church and our church in caring for this individual or couple.
Pastor Signature: _____ Date: _____

III) Church Advocate or Discipleship Contact

Mt. Zion Baptist Church believes Biblical Soul Care is most effective when carried out in partnership with the local church. Therefore, we ask the referring church to identify one or more spiritually mature individuals, Advocate(s), who can remain involved in the discipleship and spiritual care of the counselee(s) during and after the counseling process. When a married couple receives care together, MZBC generally requests separate Advocates—one for the husband and one for the wife. This allows each spouse to receive personal encouragement, accountability, and discipleship support throughout the counseling process.

☐ **Option A – Church-Provided Advocate (Primary)**
Our church has selected the individual(s) listed below to serve as the Advocate(s) and primary discipleship support during the counseling process.
☐ **Option B – MZBC Advocate Requested (Unusual Circumstances)**
Only in unusual or exceptional circumstances will MZBC provide Advocate support at the request of both the counselee and pastor. Although MZBC will provide the Advocate(s), our church designates the individual listed below as the primary church contact responsible for ongoing discipleship during counseling and follow-up after counseling. **Reason for Requesting MZBC Advocate Support:** _____ _____ _____

IV) Church Advocate(s) or Discipleship Contact Information

Name: _____	**Relationship to Counselee(s):** _____
Role / Position: _____	**Phone:** _____
Email: _____	
☐ I have discussed this role with the person(s) listed above and they are willing to serve.	
☐ I authorize communication between Mt. Zion Baptist Church Biblical Soul Care Ministry and the individual listed above regarding the care process.	

Pastor Signature: _____ Date: _____

Instructions: The purpose of this form is to assist the Mt. Zion Baptist Church Biblical Soul Care Ministry in partnering effectively with the referring church to provide Christ-centered care, discipleship, encouragement, and support. This form is intended to be completed jointly by the individual or couple seeking Biblical Soul Care and their pastor (or designated church leader). Please complete all applicable sections and submit this form with the counseling intake forms.