CHURCH OF THE ROCK LEADERSHIP NOMINATION FORM FOR X, XA, L & LA

Date Rec'd:	

NOMINATED	NAME:
MINISTRY: _	CAMPUS:
PROPOSED LE	EADERSHIP ROLE:
Nominee's Vo	plunteer History at COTR:
From my obse	ervation, this person exemplifies the following characteristics of a Church of the Rock leader:
	A sincere love for the Lord evidenced by lifestyle. Regular attendance at weekly service. Commitment to a small group. Completion of the Foundations of the Rock course.
Additional cor	nments:
NOMINATED	BY:
l,	(printed name), hereby submit the above
recommenda	tion for approval by Senior Leadership.
Cianatura	Date

*PLEASE SUBMIT THIS FORM TO <u>YOUR</u> MINISTRY LEADER ("L" or Campus Pastor)
FOR PROCESSING & <u>APPROVAL</u>.*

(Ministry Leaders, please forward to Volunteer Coordinator for processing and final confirmation.)

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Date Rec'd:	

TO BE COMPLETED BY VOLUNTEER COORDINATOR*:	NO	YES	DATE
Has this person made Jesus Lord of their life?			
Has this person been water-baptized (as an adult)?			
Has this person been baptized in the Holy Spirit?			
Have they received a prayer language (tongues)?			
Have they completed the membership class (Foundations of the Rock)?			
Have they read and signed the COTR Statement of Faith, Code of Conduct and Statement on the Sanctity of Life?			
Do they support Church of the Rock financially with their tithes (10%) and offerings?			
Is their Protection Plan training current?			
Child Abuse Registration?			
Criminal Record Check?			
*see Fel	lowship	One rep	ort #A1517

This information is for internal COTR use and is intended to help in ministry purposes only. This information is not shared with any other organization or ministry.