

Personal Recommendation

Dare To Believe School of Transformation

NOTE: This section to be completed by Applicant

To the Applicant: This recommendation should be completed by your pastor and mailed directly by your pastor to the school office. If your pastor is your parent or spouse, ask another member of the church's pastoral staff to complete this form.

Date: _____

Phone - Day: () _____ **Phone - Evening: ()** _____

Applicant's Name: _____

Address: _____

City: _____ **State:** _____ **Zip:** _____ **Country:** _____

To the person completing this recommendation: The above named is applying for admission to Dare To Believe School of Transformation. Serious consideration will be given to your comments. We appreciate your help in this matter and will keep any information you supply in confidence. Thank you for your assistance.

1. How long have you known the applicant? _____ In what capacity? _____

2. How well do you know him/her? Please check one.

- Very well
- Fairly well
- Casually
- By name/sight

3. To your knowledge, has the applicant made a personal commitment to Jesus Christ? Yes No Unsure

4. . In what form of Christian service has the applicant participated regularly? _____

5. What do you consider to be the applicant's strengths? _____

6. To your knowledge does the applicant:

Use Tobacco? Yes No **Drink?** Yes No **Use Illegal Drugs?** Yes No

Please return this to:

Dare To Believe School of Transformation – PO Box 1173, Burnsville, MN 55337 (612) 708-2713

7. Please evaluate the applicant in regard to the following categories. Please check one.

	Excellent	Above Average	Average	Below Average	Poor	No Chance To Observe
Response to authority						
Reliability: dependability, responsibility						
Maturity: personal development, ability to cope with life situations						
Emotional stability: reaction to stress, poise, mood stability						
Motivation: genuineness and depth of commitment						
Judgment: ability to analyze a problem						
Oral expression: clarity, coherence						
Interpersonal relations: rapport, cooperation, attitudes toward supervision						
Empathy: sensitivity to the needs of others						
Work habits: stamina, conscientiousness, perseverance, resourcefulness, initiative						
Leadership: creative thought, curiosity, self-confidence						
Personal appearance: cleanliness, grooming						
Integrity: honesty, moral character						

8. Do you know of any weaknesses of which we should be aware?

9. Please describe some factors which might affect the applicant's success at Dare To Believe School of Transformation.

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10. The applicant's influence on his or her peers is: ____ Positive ____ Neutral ____ Negative

11. Please add any further comments you may have which would help in our evaluation. _____

Please print or type the information below.

Your Name: _____ Phone: () _____

Address: _____

City: _____ State: _____ Zip: _____

Signature: _____ Date: _____

Please return this to:

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