



## PERSONAL RECOMMENDATION

*Please type or print*

<b>Name of Applicant</b>	MR. MRS. MISS	LAST	FIRST	MIDDLE	
<b>Address</b>	( )				
	STREET AND NUMBER	CITY	STATE	ZIP	PHONE
<b>Semester</b>		<b>Year you plan to attend</b>			

Please read before distributing form. This form should be completed by the person completing your Personal Recommendation and returned by him directly to Grace Church.

I understand that this confidential statement is being submitted with the understanding that its contents will not be shared with me. I hereby waive my right to see the confidential statement submitted on this form.

\_\_\_\_\_

APPLICANT'S SIGNATURE

Each applicant for admission to GSM must submit a Personal Recommendation. Serious consideration will be given to your comments; therefore, we ask that you complete the form carefully. Please return the form directly to **Grace Church, P.O. Box 55236, Tulsa, Oklahoma 74155-1236**. Since we request a candid evaluation, we will hold your comments in strictest confidence. *Thank you for your time and assistance.*

- A. How long have you known this person? \_\_\_\_\_
- B. What has your association with this person been? \_\_\_\_\_
- C. How familiar are you with their spiritual life?    very familiar \_\_\_\_\_    familiar \_\_\_\_\_    unfamiliar \_\_\_\_\_
- D. How familiar are you with their social life?        very familiar \_\_\_\_\_    familiar \_\_\_\_\_    unfamiliar \_\_\_\_\_
- E. Please describe this person's relationship with their family. \_\_\_\_\_  
\_\_\_\_\_
- F. How do they respond to those in authority? \_\_\_\_\_  
\_\_\_\_\_
- G. With what type of friends do they usually associate? \_\_\_\_\_  
\_\_\_\_\_
- H. What do you see as this person's special abilities in teaching? \_\_\_\_\_  
\_\_\_\_\_
- I. Do they have any emotional or physical problems that would hinder them in fulfilling the position of which they applied? \_\_\_\_\_ If so, please explain: \_\_\_\_\_  
\_\_\_\_\_

J. What do you see as this person's strengths? \_\_\_\_\_

\_\_\_\_\_

K. What do you see as this person's weaknesses? \_\_\_\_\_

\_\_\_\_\_

L. In your opinion, is this person willing to practice the self-discipline necessary to be a faithful volunteer? \_\_\_\_\_

M. Please check one line under each topic.

*Self-Discipline*

- \_\_\_ Excellent
- \_\_\_ Good
- \_\_\_ Needs Improvement
- \_\_\_ Unsure

*Responsibility*

- \_\_\_ Excellent
- \_\_\_ Good
- \_\_\_ Needs Improvement
- \_\_\_ Unsure

*Acceptance by Others*

- \_\_\_ Excellent
- \_\_\_ Good
- \_\_\_ Needs Improvement
- \_\_\_ Unsure

*Teaching Ability*

- \_\_\_ Excellent
- \_\_\_ Good
- \_\_\_ Needs Improvement
- \_\_\_ Unsure

*Leadership Ability*

- \_\_\_ Excellent
- \_\_\_ Average
- \_\_\_ Below Average
- \_\_\_ Unsure

*Influence On Others*

- \_\_\_ Positive
- \_\_\_ Neutral
- \_\_\_ Negative
- \_\_\_ Unsure

N. To your knowledge, has he/she ever been convicted of a felony or a misdemeanor other than a traffic violation? Yes \_\_\_\_\_ No \_\_\_\_\_ If so, please specify: \_\_\_\_\_

O. Do you know of any reason why he/she should not be involved in this ministry of the church? \_\_\_\_\_

\_\_\_\_\_

P. Additional comments: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Signature \_\_\_\_\_ Date \_\_\_\_\_

Name \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Church you attend \_\_\_\_\_