

# PERSONAL RECOMMENDATION



**To The Recommender:** Please complete this recommendation for the applicant applying for admission to Every People Tribe And Nation. **(Serious consideration will be given to your comments. Thank you for your assistance.)**

**NOTE:** This form cannot be completed by a relative.

## RECOMMENDER'S INFORMATION BELOW:

Last Name:		First Name:	
Current Address:		City:	
State/Province/Region:		Postal/Zip Code:	
Country of Citizenship:	Phone:	Email:	
1. How long have you known the applicant? (mm/yy)			
2. Relationship to the applicant is: <input type="checkbox"/> High School (Teacher/Counselor) <input type="checkbox"/> College (Teacher/Counselor) <input type="checkbox"/> Employer <input type="checkbox"/> Friend			
3. How well do you know the applicant? <input type="checkbox"/> Name/Sight <input type="checkbox"/> Casually <input type="checkbox"/> Fairly well <input type="checkbox"/> Very close			
4. To your knowledge , has the applicant made a commitment to Jesus Christ <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> I don't know			
5. To your knowledge, does the applicant: Smoke: <input type="checkbox"/> Yes <input type="checkbox"/> No            Drink? <input type="checkbox"/> Yes <input type="checkbox"/> No            Use illegal drugs? <input type="checkbox"/> Yes <input type="checkbox"/> No Comments:			
6. Which characteristic(s) best describes the applicant? <input type="checkbox"/> Warmhearted <input type="checkbox"/> Critical <input type="checkbox"/> Tolerant <input type="checkbox"/> Sympathetic <input type="checkbox"/> Rebellious <input type="checkbox"/> Respectful <input type="checkbox"/> Enthusiastic <input type="checkbox"/> Loving			
7. To your knowledge, what Christian service does the applicant fulfill ( <i>such as a Sunday school teacher, youth leader, nursery worker</i> )?			
8. Please indicate what you consider to be the applicant's strengths:			
9. Please describe any weaknesses of the applicant.			
10. The Applicant's influence on his or her peers is: <input type="checkbox"/> Positive <input type="checkbox"/> Neutral <input type="checkbox"/> Negative			
11. Please add any further comments you may have which would help in our evaluation.			

## APPLICANT'S INFORMATION BELOW:

Last Name:		First Name:		M:
Phone:	Cell:	Email:		

**PLEASE CHECK ONE:**   
 *I highly recommend*   
 *I recommend*   
 *I recommend with reservation*   
 *I cannot recommend*

If you checked "I recommend with reservation" or "I cannot recommend" please give a brief explanation:

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*I hereby agree that all information provided is true and complete to the best of my knowledge.*

\_\_\_\_\_

RECOMMENDER'S SIGNATURE DATE

Please return this form to: Every People Tribe and Nation, 441 Fawn Ridge Dr., Apt. #107, Dallas, TX 75224



# PASTORAL RECOMMENDATION

**To The Pastor:** Please complete this recommendation for the applicant applying for admission to Every People Tribe and Nation. (Serious consideration will be given to your comments. Thank you for your assistance.)

**NOTE:** This form cannot be completed by a relative.

## PASTOR'S INFORMATION BELOW:

Pastor's Last Name:		First Name:	
Email:	Denomination:	Phone:	
Name of Church:		Title:	
Address:	City/State/Province:	Zip Code:	

1. How long have you known the applicant: (mm/yy) _____ in what capacity? _____
2. How well do you know him/her? <input type="checkbox"/> Very well, pastoral relationship <input type="checkbox"/> Fairly well, numerous personal contacts
3. To your knowledge, has the applicant made a personal commitment to Jesus Christ? <input type="checkbox"/> Yes <input type="checkbox"/> No
4. To what extent is the applicant engaged in the activities of your church? <input type="checkbox"/> Enthusiastically, deeply involved <input type="checkbox"/> Cooperative, usually willing to help <input type="checkbox"/> Seldom participates, although attends regularly <input type="checkbox"/> Attends irregularly, shows little interest
5. In what form of Christian service has the applicant participated regularly?
6. To your knowledge, does the applicant:   Smoke? <input type="checkbox"/> Yes <input type="checkbox"/> No     Drink? <input type="checkbox"/> Yes <input type="checkbox"/> No Use illegal drugs? <input type="checkbox"/> Yes <input type="checkbox"/> No
7. Please describe home factors which might affect the applicant's success at EPTN.
8. The applicant's influence on his or her peers is: <input type="checkbox"/> Positive <input type="checkbox"/> Neutral <input type="checkbox"/> Negative
9. Do you have any concerns about the applicant's personal character? Please explain.

## APPLICANT'S INFORMATION BELOW:

Last Name:	First Name:	M:
Phone:	Cell:	Email:

### PLEASE CHECK ONE:

- I highly recommend*    *I recommend*    *I recommend with reservation*    *I cannot recommend*

*If you checked "I recommend with reservation" or "I cannot recommend" please give a brief explanation:*

\_\_\_\_\_

*I hereby agree that all information provided is true and complete to the best of my knowledge.*

\_\_\_\_\_  
PASTOR'S SIGNATURE

\_\_\_\_\_  
DATE