

Please return this form to:  
River of Life School of Ministry  
677 South Dickinson Dr.  
Rusk, TX 75785  
USA

## River of Life School of Ministry

# PERSONAL RECOMMENDATION

### This section should be completed by the applicant.

Name \_\_\_\_\_ Social Security Number \_\_\_\_\_

Address \_\_\_\_\_

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

Home Phone (\_\_\_\_) \_\_\_\_\_ Work Phone (\_\_\_\_) \_\_\_\_\_

I authorize the person listed on this form to complete this recommendation and return it to River of Life School of Ministry. I understand that this form is confidential and that I will not be entitled to review the completed document. I release this person and River of Life School of Ministry from all claims, liabilities and damage that could arise from disclosure of information consistent with authorization.

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

### A friend should complete this section.

Name \_\_\_\_\_ Phone (\_\_\_\_) \_\_\_\_\_

Address \_\_\_\_\_

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

1. How long have you known the applicant? \_\_\_\_\_
2. How well do you know the applicant?  Very Well  Well  Casually
3. Relationship to the applicant is (May not be family member): \_\_\_\_\_
4. Do you believe the applicant has a personal relationship with Jesus Christ?  Yes  No
5. To your knowledge, does the applicant: Smoke? \_\_\_\_\_ Drink? \_\_\_\_\_  
Use illegal drugs? \_\_\_\_\_
6. To your knowledge, what Christian service does the applicant fulfill?  
\_\_\_\_\_
7. Do you believe the applicant possesses the necessary qualities to succeed at RLSM?  
 Yes  No If no, what are they lacking?  
\_\_\_\_\_
8. Please indicate what you consider to be the applicant's strengths:  
\_\_\_\_\_
9. Please describe any weaknesses of the applicant of which we should be aware:  
\_\_\_\_\_

Rank the following areas:	Excellent	Above Average	Average	Below Average
Leadership	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Motivation	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
judgment	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Integrity	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Reliability	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Emotional Stability	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Peer Relationships	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Spiritual Maturity	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Morality	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Social Skills	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Submission to Authority	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Comments \_\_\_\_\_

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Is there any reason why the applicant should not be admitted to River of Life School of Ministry?

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Based on the above information, I

strongly recommend     recommend     do not recommend this applicant for admission.

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