



Charis Bible College Gardner

138 Colony Rd.
Gardner, MA 01440
978-252-7427

PERSONAL RECOMMENDATION

Note: This section must be completed by the applicant.

TO THE APPLICANT: Each applicant to Inner Touch Ministries Bible School is required to submit a personal recommendation for review by the Registrar. Please complete this entire section, and then give this form to the person (teacher, employer, or friend) you choose to have complete it.

Date _____ Phone _____

Applicant's Name _____

Present Address _____

City _____ State _____ Zip _____

TO THE PERSON COMPLETING THIS RECOMMENDATION: The above-named individual is applying for admission to the Bible School at Inner Touch Ministries. Serious consideration will be given to your comments. Thank you for your assistance. Once you have completed the form, please mail it to the Inner Touch Ministries Bible School; 3 Brook Rd.; Ashburnham, MA 01430.

1. How long have you known the applicant? _____

2. What is your relationship to the applicant? (cannot be a family member)

____ High school teacher/counselor

____ College teacher/counselor

____ Employer

____ Friend

____ Other: _____

3. How well do you know the applicant?

____ Name/sight

____ Casually

____ Fairly well

____ Very close

4. To your knowledge, has the applicant made a personal commitment to Jesus Christ?

____ Yes

____ No

____ I don't know

5. To the best of your knowledge, does the applicant

• Smoke? _____ Yes _____ No

• Drink alcohol? _____ Yes _____ No

• Use illegal drugs? _____ Yes _____ No

6. Which characteristic(s) best describes the applicant? Please check all that apply.

____ Critical

____ Enthusiastic

____ Loving

____ Passive

____ Rebellious

____ Respectful

____ Sympathetic

____ Tolerant

____ Warmhearted

7. To your knowledge, what Christian service is the applicant involved in (such as Sunday school teacher, youth leader, nursery worker, etc.)?

8. Please indicate what you consider to be the applicant's strengths.

9. Please indicate what you consider to be the applicant's weaknesses.

10. The applicant's influence on his or her peers is:

positive negative
 neutral don't know

11. Please evaluate the applicant in regard to the following categories. (Please circle one)

	Excellent	Above Average	Average	Below Average	Poor	No Chance to Observe
Christian commitment	1	2	3	4	5	6
Social adaptability	1	2	3	4	5	6
Cooperativeness	1	2	3	4	5	6
Integrity and honesty	1	2	3	4	5	6
Responsibility	1	2	3	4	5	6
Mental ability	1	2	3	4	5	6
Physical health	1	2	3	4	5	6
Initiative	1	2	3	4	5	6
Christian character	1	2	3	4	5	6
Emotional stability	1	2	3	4	5	6
Personal appearance	1	2	3	4	5	6
Leadership	1	2	3	4	5	6
Reliability	1	2	3	4	5	6

12. Please add any further comments you may have that would help in our evaluation. (use additional sheets if necessary)

Please Check One:

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

Please print or type the information below:

Name _____ Phone _____

Address _____

Signature _____ Date _____