

Employer or Teen Challenge Staff Recommendation

 $Please\ click\ the\ form\ fields\ and\ type\ in\ your\ info.\ Then\ mail\ it\ to\ the\ T.C.M.I.\ Admissions\ Department.$

To The Applicant: Please complete the section below. Applicants are required to have a total of 3 recommendation forms completed in order to have your application processed.

| Applicant, Fill out this section completely to be considered for Admission. | | | | | | |
|--|--|--|--|--|--|--|
| Applicant's Name:Date: | | | | | | |
| Home Address: | | | | | | |
| Phone: | | | | | | |
| Instructions to the person completing this recommendation: The above named applicant is applying for admission to Teen Challenge Ministry Institute in South Gate, CA. Please complete this form carefully and mail it directly to us. This is confidential and it is not to be seen by the applicant. Because we expect straightforward comments, we will handle this recommendation with strict confidence. We appreciate your assistance! To be filled out by the reference. If you choose to fill in the form by hand, please print in blue or black ink. | | | | | | |
| lame of Reference: | | | | | | |
| ddress of Reference: | | | | | | |
| hone Number of Reference: | | | | | | |
| . How long have you known the applicant? | | | | | | |
| . How well do you know him/her? Circle one: ☐ Casually ☐ Fairly Well ☐ Very Close | | | | | | |
| . What is your relationship to this person? | | | | | | |
| . To the best of your knowledge, has the applicant made a commitment to the Christian ministry? ☐ Yes ☐ No | | | | | | |
| the applicant living a Christian Life? | | | | | | |
| omments: | | | | | | |



| | | Excellent | Good | Fair | Poor | Unknown |
|----------------------------|----------------|-----------|------------|-----------------|-------------|---------|
| Character | | | | | | |
| Leadership | | | | | | |
| Emotional Stabilit | | | | | | |
| Church Attendance | | | | | | |
| Participation in Mi | | | | | | |
| Ability to get alon | g with others | | | | | |
| Appearance | | | | | | |
| Tact | | | | | | |
| Initiative | | | | | | |
| Compassion | | | | | | |
| Social Ability | | | | | | |
| Response to Author | | | | | | |
| Seriousness of pu | | | | | | |
| Educational Ability | У | | | | | |
| 8. Which Character | | | | □Unctoble | □Dahalliau | |
| | I I I OVIDE | | ☐ Tolerant | ☐ Unstable | □ Rebelliou | 5 |
| Warmhearted Respectable | ☐ Enthusiastic | | ☐ Critical | ☐ On Fire for J | | |



| 11. Does the applicant have any questionable personal habits? | | | | | | | |
|---|--|--|--|--|--|--|--|
| 12. Are there any personality traits which hinder this applicant in his/her relationship with others? | | | | | | | |
| 13. Are there any special circumstances connected with this person which the administration ought to know in order to deal wisely and sympathetically with him/her after admission? | | | | | | | |
| 14. Why do you think this person wants to attend T.C.M.I.? | | | | | | | |
| 15. Doyourecommendthis person to attend T.C.M.I.? ☐ Yes ☐ No If no, why? | | | | | | | |
| Personal Recommendation: | | | | | | | |
| Please share any information that will help the T.C.M.I. staff better understand and develop this person. This includes anything shared with the staff in conversation. Remember, this information is confidential. | | | | | | | |
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Personal Recommendation Continued:

| Cian a di | | Data | |
|-----------------------------------|-----------------------------------|-------|--|
| Signed: | | Date: | |
| | | | |
| | | | |
| Thank you for your help, | | | |
| Nicola Damona | | | |
| Nicole Romero | | | |
| Admissions Administrator | to. | | |
| Teen Challenge Ministry Institu | ie | | |
| Please return this reference to: | Office of Admissions | | |
| rieasereturii tiiis reierence to: | Teen Challenge Ministry Institute | | |

P.O. Box 739

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