

#### **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 recommendar admission to Teen Challenge Ministry Institute in South Gait directly to us. This is confidential and it is not to be seen a comments, we will handle this recommendation with strict	te, CA. Please complete this form carefully and mail by the applicant. Because we expect straightforward confidence. We appreciate your assistance!				
To be filled out by the reference. If you choose to fill in the fo	rm by hand, please print in blue or black ink.				
Name of Reference:					
Address of Reference:					
Phone Number of Reference:					
1. How long have you known the applicant?					
2. How well do you know him/her? Circle one:	asually				
3. What is your relationship to this person?					
4. To the best of your knowledge, has the applicant made a	commitment to the Christian ministry? ☐ Yes ☐ No				
Is the applicant living a Christian Life? ☐ Yes ☐ No					
Comments:					



	Excellent	Good	Fair	Poor	Unknown
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J03C					
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Loving	☐Teachable	☐ Tolerant	☐ Unstable	Rebelliou	S
☐ Enthusiastic	□Passive	☐ Critical	☐ On Fire for J	lesus	
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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					
Ifno,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.					



#### Personal Recommendation Continued:

Signed:		Date:	
Thank you for your help,			
mank you for your neip,			
Lisa Garife			
Admissions Administrator			
Teen Challenge Ministry Institut	e		
Please return this reference to:			
	Teen Challenge Ministry Institute		

P.O. Box 739

South Gate, CA 90280

Office: 323.569.2818 Fax: 323.569.7128 E-mail: <a href="mailto:lisa.garife@teenchallenge.org">lisa.garife@teenchallenge.org</a>

www.teenchallenge.org/tcmi