



PERSONAL RECOMMENDATION
Missionary Internship Training Program

Applicant Information:

Title: <input type="checkbox"/> Mr. <input type="checkbox"/> Mrs. <input type="checkbox"/> Ms. <input type="checkbox"/> Miss <input type="checkbox"/> Pastor <input type="checkbox"/> Rev. <input type="checkbox"/> Dr.			
Last Name		First Name	Middle Name
Street and Number Address			Apt./Suite:
City	State	Zip	Home Phone: - -

Please read before distributing form. This form should be completed by the person completing your Personal Recommendation and returned by him/her directly to Victory World Church.

I understand that this confidential statement is being submitted with the understanding that its contents will not be shared with me. I hereby waive my right to see the confidential statements submitted on this form.

Applicant Signature _____	Date / /
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TO THE RECOMMENDER:

Each applicant for admission to the Missionary Internship Training Program must submit a Personal Recommendation. Serious consideration will be given to your comments; therefore, we will ask that you complete the form carefully.

Please return **ALL** pages of this form directly to
Victory World Church / 5905 Brook Hollow Parkway, Norcross, GA 30071
Or FAX it to: 770.849.9500, ATTN: Missions Department

Since we request a candid evaluation, we will hold your comments in strictest confidence.
Thank you for your time and assistance.

Personal Recommendation for (Applicant Name) _____

A. How long have you known this person? <input type="checkbox"/> Months <input type="checkbox"/> Years
B. What has your association with this person been?
C. How familiar are you with their spiritual life? <input type="checkbox"/> Very Familiar <input type="checkbox"/> Familiar <input type="checkbox"/> Not Familiar
D. How familiar are you with their social life? <input type="checkbox"/> Very Familiar <input type="checkbox"/> Familiar <input type="checkbox"/> Not Familiar
E. Please describe this person's relationship with their family. _____ _____ _____ _____ _____ _____ _____ _____ _____

F. How do they respond to those in authority? _____ _____ _____ _____ _____ _____ _____ _____ _____
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G. With what type of friends do they usually associate? _____ _____ _____ _____ _____ _____ _____ _____

H. What do you see as this person's special abilities in teaching? _____ _____ _____ _____ _____ _____ _____ _____
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Personal Recommendation for (Applicant Name) _____

I. Do they have any emotional or physical problems that would hinder them in fulfilling the position of which they applied? YES NO

If YES, please explain: _____

J. What do you see as this person's strengths? _____

K. What do you see as this person's weaknesses? _____

L. In your opinion, is this person willing to practice the self-discipline necessary to be a faithful volunteer? YES NO

If NO, please explain: _____

M. Please check one box next to each topic	Excellent	Good	Needs Improvement	Poor	No Opportunity To Observe
Self-Discipline	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Responsibility	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Acceptance by Others	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Teaching Ability	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Leadership Ability	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Influence On Others	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

