

Recommendation Form

Healing Rooms School of Supernatural Ministry

NOTE: This section to be completed by Applicant

Date: _____

Phone - Day: () _____ Phone - Evening: () _____

Applicant's Name: _____

Address: _____

City: _____ State: ____ Zip: _____ Country: _____

Country of Citizenship: _____

The above named person is applying for admission to the Healing Rooms School of Supernatural Ministry. Serious consideration will be given to your comments. We appreciate your help in this matter and will keep any information you supply in confidence. Thank you in advance for your assistance.

1. How long have you known the applicant? _____ In what capacity? _____

2. How well do you know him/her? Please check one.

- Very well, pastoral relationship
- Fairly well, numerous personal contacts
- Casually, few personal contacts
- By name/sight

3. To your knowledge, has the applicant made a personal commitment to Jesus Christ? Please check one. Yes No Unsure

4. To what extent is the applicant engaged in the activities of your church? Please check one.

- Enthusiastic, deeply involved
- Cooperative, usually willing to help
- Seldom participates, although attends regularly
- Attends irregularly, shows little interest

5. In what form of Christian service has the applicant participated regularly? _____

6. What do you consider to be the applicant's strengths? _____

7. Do you know of any weaknesses of which we should be aware? _____

8. To your knowledge does the applicant have addictive behaviors? Check one. Yes No
Please explain: _____

9. Please describe home factors which might affect the applicant's success at Revealing The Glory School of Supernatural Ministry. _____

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

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
Response to Authority	1	2	3	4	5	6
Reliability: dependability, responsibility	1	2	3	4	5	6
Maturity: personal development, ability to cope with life situations	1	2	3	4	5	6
Emotional Stability: reaction to stress, poise, mood stability	1	2	3	4	5	6
Motivation: genuineness and depth of commitment	1	2	3	4	5	6
Judgment: ability to analyze a problem	1	2	3	4	5	6
Oral Expression: clarity, coherence	1	2	3	4	5	6
Interpersonal Relations: rapport, co-operation, attitudes toward supervision	1	2	3	4	5	6
Empathy: sensitivity to needs of others	1	2	3	4	5	6
Work Habits: stamina, conscientious, perseverance, resourcefulness, initiative	1	2	3	4	5	6
Leadership: creative thought, curiosity, self-confidence	1	2	3	4	5	6
Personal Appearance: cleanliness, grooming	1	2	3	4	5	6
Integrity: honesty, moral character	1	2	3	4	5	6

Your Name: _____ Phone: () _____

Name of church and denomination: _____

Position: _____

Address: _____

City: _____ State: _____ Zip: _____

Signature: _____ Date: _____

Please return this form to:
Healing Rooms School of Supernatural Ministry
3010 Skyway Drive, Unit C Santa Maria, CA 93455
PHONE (805) 925-5678 FAX (805) 925-5551