

Leader Recommendation

* Please return this form directly to the applicant in a sealed envelope or mail it to:
the**ROAR** P.O. Box 355 CROWN POINT, IN 46308

Your Name: _____

Church Name: _____

To be completed by the applicant:

Last Name: _____ First Name: _____

Address: _____

Phone: _____ E-mail _____

Address: _____

Phone: _____ Email: _____

1. How long have you know the applicant? _____
How well? Very well Fairly well Casually By name/sight

2. Please describe the applicant's level of involvement in your church.

(check all that apply)

- | | | |
|-------------------------------------------|---------------------------------------|----------------------------------|
| <input type="radio"/> Attends regularly | <input type="radio"/> Cooperative | <input type="radio"/> Interested |
| <input type="radio"/> Attends irregularly | <input type="radio"/> Involved | <input type="radio"/> Distant |
| <input type="radio"/> Enthusiastic | <input type="radio"/> Willing to help | |

3. What are the strengths and spiritual gifts of the applicant according to your observations?

4. What is your assessment of the applicant's weakness?

5. What is the applicant's affect on his/her peers?

- Positive
- Neutral
- Negative
- Unknown

6. Please try to assess the following based on your knowledge of the applicant:

	Uncertain	Weak	Fair	Good	Very Good	Outstanding
Spiritual Maturity.....	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Devotion to Christ.....	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Integrity and Honesty.....	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Openness to correction..	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Self-Discipline.....	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Willingness to serve.....	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Family Life.....	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Ability to work with others	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Communication skills.....	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Courtesy.....	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Leadership Skills.....	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Reliability.....	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Physical Health.....	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Emotional Stability.....	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

Comments on any of the above: _____

7. Are there any complex family factors that you know of which might affect the applicant's studies? _____

8. I recommend this applicant for the **ROAR**.

- Highly Recommend
- Recommend
- Recommend with reservations*
- Do not Recommend*

*Please explain concerns below.

Signature _____ Date _____