

Decision Ministries Summer Internship

Confidential Recommendation

APPLICANT'S NAME _____

Recommendations need to be filled out by the following three persons:

1. Senior Pastor
2. Youth Pastor/leader or the Department Head of a department you serve in at your church
3. A person in a management position that you have worked with either as a volunteer or as an employee

Please give each person the recommendation form and an enveloped stamped and addressed to:

Decision Ministries, PO Box 290877, Port Orange FL, 32129

PLEASE READ THE FOLLOWING BEFORE FILLING OUT THIS RECOMMENDATION

Serious consideration will be given to your evaluation of the applicant's character and fitness for internship. We need to know as much as possible about our applicants to make fair appraisals of their qualifications, matching all applicants with the best possible ministry opportunity for them. Your responses will be strictly confidential. Should you have any questions, please call 386.788.3966 to speak with a Decision Ministries staff person.

NAME _____

HOME PHONE _____ **WORK PHONE** _____ **EMAIL** _____

I AM A: Senior Pastor Youth Pastor/Leader Manager/Employer

HOW LONG HAVE YOU KNOWN THE APPLICANT? _____

HOW WELL DO YOU KNOW THEM? By face/name Casually Fairly Well Very Well

IF KNOWN, HOW WOULD YOU RATE THE APPLICANTS SPIRITUAL LIFE?

New Christian Strong & Stable Young & Growing Average Weak & Struggling

WHICH OF THE FOLLOWING BEST DESCRIBES THE APPLICANT?

SKILLS HIGHEST	1 is LOWEST, 5 is	CHARACTER	1 is ALWAYS, 5 is NEVER
Adaptability	1 2 3 4 5	Procrastinates	1 2 3 4 5
Servant Life	1 2 3 4 5	Critical	1 2 3 4 5
Dependability	1 2 3 4 5	Irritable	1 2 3 4 5
Spiritual Life	1 2 3 4 5	Inclined to Crushes	1 2 3 4 5
Maturity	1 2 3 4 5	Depressed	1 2 3 4 5
Response to Authority	1 2 3 4 5	Argumentative	1 2 3 4 5
Spiritual Influence on Peers	1 2 3 4 5	Domineering	1 2 3 4 5
Leadership Ability	1 2 3 4 5	Rebellious	1 2 3 4 5

IF YOU ANSWERED WITH A 1 OR 2 TO ANY OF THE ABOVE QUESTIONS PLEASE EXPLAIN HERE

TO YOUR KNOWLEDGE HAS THE APPLICANT USED TOBACCO, ALCOHOL OR ILLEGAL DRUGS WITHIN THE PAST YEAR? Yes No If yes, please explain _____

BASED ON YOUR KNOWLEDGE HOW WOULD YOU DESCRIBE THE APPLICANT'S WORK ETHIC

Punctual	<input type="checkbox"/> Always	<input type="checkbox"/> Most Days	<input type="checkbox"/> Almost Never
On-time Completion of Tasks	<input type="checkbox"/> Always	<input type="checkbox"/> Most Days	<input type="checkbox"/> Almost Never
Does work with a spirit of excellence	<input type="checkbox"/> Always	<input type="checkbox"/> Most Days	<input type="checkbox"/> Almost Never

HOW WOULD YOU RATE THE APPLICANT IN THE FOLLOWING AREAS OF SELF-RESPECT?

Dress	<input type="checkbox"/> Neat	<input type="checkbox"/> Average	<input type="checkbox"/> Untidy
Hygiene	<input type="checkbox"/> Clean	<input type="checkbox"/> Average	<input type="checkbox"/> Careless
Speech	<input type="checkbox"/> Careful	<input type="checkbox"/> Indifferent	<input type="checkbox"/> Loose

PLEASE DESCRIBE SOME OF THE APPLICANTS STRENGTHS _____

PLEASE DESCRIBE SOME OF THE APPLICANTS WEAKNESSES _____

HOW IS THE APPLICANTS ATTITUDE TOWARDS OTHERS? THOSE IN LEADERSHIP AS WELL AS PEERS?

TO YOUR KNOWLEDGE IS THE APPLICANT'S FAMILY IN AGREEMENT WITH HIS/HER DESIRE TO ATTEND THE INTERNSHIP? Yes No If no, please explain _____

BASED ON YOUR PERSONAL KNOWLEDGE OF THIS PERSON, WOULD YOU RECOMMEND THEM FOR THIS SUMMER INTERNSHIP? Yes No If no, please explain _____

SIGNATURE

DATE

Thank you for taking time to fill out this recommendation form. We greatly appreciate you investing your time into this applicant. We believe this summer internship is going to help raise up tremendous leaders in the body of Christ.

Be blessed,
Decision Ministries

Decision Ministries – PO Box 290877 – Port Orange, FL 32129 – 386.788.3966 – www.decisionministries.org