



Counselor in Training Personal Recommendation

Applicant Information: Each applicant for Counselor in Training is required to submit a personal recommendation. Please complete this entire section. This form is to be given to the person you choose to complete it. You may choose a teacher, employer, friend, pastor or other. The person MAY NOT be a family member.

Date _____ Phone (____) _____

Applicant's name _____

Present address _____

City _____ State _____ Zip _____

Applicant's signature _____ Date _____

TO THE PERSON COMPLETING THIS RECOMMENDATION: The above named individual is applying to be a Counselor in Training for Kids For The Nations Summer Day Camps. The C.I.T. program offers a unique opportunity for teenagers to participate in ministry to children, develop leadership skills and receive personal mentorship. We will seriously consider your comments in the review process of this applicant. Thank you for your cooperation.

1. How long have you known this applicant? _____

2. What is your relationship to the applicant? _____

3. How well do you know the applicant? (Circle one)

Name/Sight

Casually

Fairly well

Very Close

4. To your knowledge, does this person have a personal commitment to Jesus Christ? _____

5. To your knowledge, does this applicant smoke, drink or use illegal drugs? _____

6. Which characteristic(s) best describe the applicant? (Circle all that apply)

Warm-hearted

Critical

Tolerant

Passive

Sympathetic

Rebellious

Respectful

Enthusiastic

Loving

Helpful

7. Please indicate what you consider to be the applicant's strengths: _____

8. Please indicate any weaknesses of the applicant of which we should be aware: _____



9. The applicant's influence on his or her peers is (circle one):

Positive Negative Neutral

10. Please evaluate the applicant in the following categories. (Please circle one in each category)

	Excellent	Above Average	Average	Below Average
Christian commitment:	1	2	3	4
Social adaptability:	1	2	3	4
Cooperativeness:	1	2	3	4
Integrity and honesty:	1	2	3	4
Responsibility:	1	2	3	4
Mental ability:	1	2	3	4
Physical health:	1	2	3	4
Initiative:	1	2	3	4
Christian character:	1	2	3	4
Emotional stability:	1	2	3	4
Personal appearance:	1	2	3	4
Leadership:	1	2	3	4
Reliability:	1	2	3	4

11. Please add further comments that would help in our evaluation. _____

Please circle one:

I recommend

I recommend with reservation

I do not recommend

PLEASE PRINT OR TYPE THE INFORMATION BELOW:

Name: _____ Phone: (____) _____

Address: _____

City: _____ State: _____ Zip: _____

Name of church and denomination: _____

Position in church (if applicable): _____

Signature _____ Date: _____

Please return this form to:

Kids For The Nations

3404 Conway St. Dallas, TX 75224

214-302-6335