

SCHOOL OF SUPERNATURAL MINISTRY ALVIN

Personal Recommendation

Student's Name: _____

Your Name: _____

Phone Number: _____

Email Address: _____

Mailing Address: _____

City / State / Zip _____

Do you highly recommend, recommend, or not recommend this student?

Other Comments?

Please describe any physical or emotional conditions or special attention needed that this person might require.

How long have you known the applicant? _____

Relationship to applicant

How well do you know him/her?

To your knowledge, has the applicant made a personal commitment to Jesus Christ? Yes / No

To your knowledge, does the applicant use tobacco? Yes / No

If yes, please explain

To your knowledge, does the applicant drink alcohol in excess? Yes / No

If yes, please explain

To your knowledge, does the applicant use illegal drugs? Yes / No
If yes, please explain

In what form of Christian service has the applicant participated regularly (Sunday School Teacher, Youth Leader, Nursery Worker, etc.)?

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

What do you consider to be the applicant's weaknesses?

Which characteristics best describe the applicant? Please check all that apply.

- Christian Commitment
- Social Adaptability
- Cooperativeness
- Integrity and Honesty Responsibility
- Mental Ability
- Physical Health
- Initiative
- Christian Character
- Personal Appearance
- Leadership
- Reliability

Other Comments:

Mail to:
Alvin Healing Rooms
SSM-Alvin Admissions
111 S. Hardie, Alvin, Texas 77511

or scan and email to:
hello@ssmalvin.org