

3D Training Center

Personal Recommendation Form



Instructions

For the Applicant: Ask someone you trust and know well to complete this form. This person must not live with you or be a member of your family. Ask them to mail the completed form directly to the Admissions Office at the following address: **3D Training Center, PO Box 7758, Beaumont, TX 77726**

For the Personal Reference: The applicant listed below is applying for admission to the **3D Training Center**, an intensive one-year program of Disciple Makers Multiplied designed to prepare young adults for a life of service to Jesus Christ. Thank you for your prayerful and honest evaluation of the applicant and your timely submission of this form. All information will be kept confidential and will not be shared with the applicant. Once you have completed the form, please mail it directly to us; do not return it to the applicant. **Thank you.**

Office use only:

Name of Applicant: _____
Last Name First Name Middle Name

How do you know the applicant? _____ **How long have you**

known each other? _____ **Do you know how long he/she has attended local church?** _____

How well do you know the applicant? (choose only one): _____ Very close/personal relationship
_____ Fairly well/many interactions _____ Casually/few personal contacts _____ By name and sight only

Additional comments: _____

To your knowledge, has the applicant trusted in Christ as Savior? _____ Yes _____ No _____ Not sure

Is the applicant faithful in attending his/her local church? _____ Yes _____ No _____ Not sure

Is the applicant engaged in church? _____ Yes _____ No _____ Not sure

Do you believe the applicant is enthusiastic about his/her faith? _____ Yes _____ No _____ Not sure

Do you know if the applicant is involved in Christian service? _____ Yes _____ No _____ Not sure

Do you know if applicant is reliable to pay debts/is trustworthy? _____ Yes _____ No _____ Not sure

Please give additional comments on any of the above questions: _____

If you were asked to describe what the applicant is like, what would you say? _____

In your opinion, what are the applicant's strengths? _____

Please comment about the applicant's weak points: _____

Are there any issues or needs that might impair the applicant's relationship with others? ___ Yes ___ No

If so, please explain: _____

To your knowledge is the applicant free of addictions? ___ Yes ___ No ___ Not sure

Please explain what you know: _____

Are you aware of anything that may negatively affect the applicant's participation in school or dorm life?

If yes, please explain: _____

To your knowledge has the applicant ever been accused of any of the following:

Child abuse? Yes ___ No ___ Crimes involving or against minors? Yes ___ No ___

Accusation of sexual molestation of a minor? Yes ___ No ___ **If yes to any, please share what you know:**

Please rate the applicant on each of the following:

	Excellent	Average	Poor	Unknown
Reliable , dependable, responsible				
Mature , able to cope with life situations				
Emotionally stability , reaction to stress, poise, mood stability				
Motivated , genuine, and committed				
Good judgment , able to analyze and solve problems				
Oral expression , clear, coherent				
Relationship with others , good rapport, cooperative, malleable				
Empathy , sensitivity to the needs of others				
Leadership , creative and decisive, self-confident				
Personal appearance , clean, well groomed				
Integrity , honest, of good moral character				
Work habits , good stamina, polite, conscientious, takes initiative				

Do you recommend this applicant for acceptance to the 3D Training Center, a one year gap program of Disciple Makers Multiplied? ___ Yes ___ No

Please include any additional information you would like to share about the applicant: _____

Please print the following:

Your Name _____ Your Phone _____

Your Address _____
Street City State Zip

Name of Church You Attend _____ Your Email _____

Your signature: _____ Date: _____