

CITY ON THE HILL YOUTH LEADERSHIP CONFERENCE

PASTOR/YOUTH LEADER RECOMMENDATION

APPLICANT _____

How long, and in what capacity, have you known the applicant?

Please assess the applicant's maturity level relative to other teens with whom you have worked.

What are the applicant's primary strengths?

What are the applicant's primary weaknesses?

Please answer the following questions to the best of your ability. Your answers will help us gauge how best to serve this student.

		Low	Average	High
A.	Interest in Spiritual Growth			
B.	Knowledge of the Bible			
C.	Understanding of the Christian Worldview			
D.	Knowledge of controversial issues such as abortion, homosexuality, euthanasia, etc.			
E.	Public speaking/Debate			
F.	Leadership Ability			
G.	Willingness to Serve Others			

RECOMMENDATION CONTINUED

Applicant _____

Please indicate your overall recommendation. (check one)

_____ **Strongly recommend**

_____ **Recommend**

_____ **Recommend with some reservation**

_____ **Do not recommend**

Full Name of Recommender _____

Signature of Recommender _____

Phone _____

Position/Title _____

School/Church _____

Address _____

Thank you for taking the time to fill out and submit this letter of recommendation. We appreciate your time and effort! If you have any questions, contact Dana at the email address below.

PLEASE RETURN THIS FORM NO LATER THAN 6/27/22.

You may either return this form via email, to danaf@capitolresource.org, or print and mail to:

**Capitol Resource Institute
520 Capitol Mall, STE B-1
Sacramento, CA 95814**