



**2011-2012 WTC APPLICATION
CHRISTIAN FRIEND RECOMMENDATION**

Destiny & Dominion Worship Training Centre

Because the Father is seeking true worshipers

DEAR FRIEND: The following person has applied for admission as a student at Destiny & Dominion Worship Training Centre, and your name has been given for reference. In order to help us make a valid judgment and to learn about the needs of prospective students before they enroll, your candid response will be appreciated.

Name of Applicant:		Phone #:		E-Mail:	
Address:			Apt #:	City:	Province:
Postal Code:					

Applicant: *I willingly waive my right of access to see this recommendation, knowing that this waiver is not required as condition for admission.*

Signature: _____ Date: _____

TO FRIEND: Please complete this form carefully. Serious consideration will be given to your comments. This reference is confidential. Thank you for your assistance.

1. How long have you known the applicant? _____

2. How well do you know him/her? (Check one)

- Very Close Pastoral Relationship
- Fairly Well, Numerous Personal Contacts
- Casually, Few Personal Contacts
- By Name / Sight

3. To your knowledge, has the applicant made a personal commitment to Jesus Christ?

- Yes
- No
- Don't Know

4. How industrious is he or she a worker? (Check one)

- Usually Conscientious, Hard Worker
- Works Harder Than Most
- Does About As Much Work As Others
- Works Less Than Most
- Very Lazy
- No Basis For Judgment

5. To your knowledge, is the applicant consistent in meeting his or her financial obligations?

- Yes
- No
- Don't Know

6. What are the applicant's strong points? (Include special abilities)



7. Please rate the person in the following areas. (Check one for each category)

Category	Excellent	Above Average	Average	Below Average	No Chance To Observe
Christian Commitment					
Financial Responsibility					
Initiative					
Potential Leadership					
Cooperativeness					
Integrity					
Emotional Stability					
Health					
Personal Appearance					
Concern for Others					

8. Does the applicant have personality traits that impair his or her relationship with others?

9. To your knowledge, does the applicant... Smoke? Drink? Use illegal drugs?

Comments: _____

10. Please describe any factors which might affect the applicant's success at Destiny & Dominion Worship Training Centre.

11. Please share any further comments you may have regarding the applicant that would help in our evaluation process.

I Recommend I Recommend With Reservation I Do Not Recommend

Name:	Phone #	E-Mail:			
Address:	Unit #:	City:	Province:	Postal Code:	

The information provided is accurate to the best of my knowledge.

Signature: _____ Date: _____

