

To the Church Leader, Past Employer, or Director: Please complete and return this form directly to the email address: Kenny@EastHill.net. Thank you!										
Applica	ant's Name:									
This recommendation is for the confidential use of East Hill's Weekday Children's Ministry. This information will not be shared with the applicant or with other persons or institutions.										
Church Leader/Supervisor Name:				Title :						
Church/Company Nam	e and Addres	s :								
Telephone Number:			How long have you l							
List church/work activ applicant is involved ir										

Please evaluate the applicant in the following areas by marking:

5 for Outstanding, 4 for Above Average, 3 for Average, 2 for Below Average, 1 for Poor or NI for No Information. Please use the second page to elaborate on any Below Average or Poor responses. Feel free to use that space for any other comments that may aid us in our decision.

	Evaluation	5	4	3	2	1	NI
Judgment							
Character							
Maturity							
Dependability							
Christian Commitment							
Takes Direction Well							
Social Skills							
Teachability							
Moral Values							
Respects Authority							





Please add any other additional comments to aid us in our consideration of this person for our ministry if you would NOT recommend this person for employment or have reservations.

Thank you for your thoughtful responses. Please save and return this form to the East Hill Weekday Children's Ministries' Director's email: <u>kenny@easthill.net</u>

Recommender's Signature

Date