

MINISTRY LEADER RECOMMENDATION

To the Applicant: Please print your	name on the lir	ne below					
Applicant's Last Name		F	irst		Middle	:	
The Family Education Rights and Pr preserving the confidentiality of a r							ce of
By signing below, the applicant wi required as a condition of admission		e right of a	ccess to see this	recomme	ndation, knowing that	this waiver is N	TO
oplicant's Signature Date							
To the person completing to River Impact University a given to your comments. Plust be given to the application.	nd must sub ease comple	mit to per te this for	rsonal recon rm carefully	nmendat and in p	ion. Serious cons rivacy. This comp	ideration will	be
River Impact University · 4675 Portland Rd NE. Suite 190, Salem, OR 97305 Email to: riverimpactu@gmail.com					Deadline: June 15 or December 15		
How long have you know.	n the applican	t?	Year(s	s)	Months		
2. How would you describe y	our relations	hip?	_Very close _	Clo	seDistant		
Briefly describe your pers	onal relations	hip to the	applicant:				
4. Please check the choice knowledge of the applic				-	n each area. Chec	:k unknown if	you fee
Leadership Ability:	Excellent	Good	Average	Poor	Unacceptable	Unknown	N/A
Submissiveness to Authority:	Excellent	Good	Average	Poor	Unacceptable	Unknown	N/A
Teachability:	Excellent	Good	Average	Poor	Unacceptable	Unknown	N/A
Servant's Attitude	Excellent	Good	Average	Poor	Unacceptable	Unknown	N/A
Motivated:	Excellent	Good	Average	Poor	Unacceptable	Unknown	N/A
People Skills:	Excellent	Good	Average	Poor	Unacceptable	Unknown	N/A
5. Please circle the choices	which best de	scribe the	applicant's a	attitude to	ward spiritual matt	ers.	
Relationship with Jesus:	Excellent	Good	Average	Poor	Unacceptable	Unknown	N/A
Church Attendance:	Excellent	Good	Average	Poor	Unacceptable	Unknown	N/A
Relationship with Spouse:	Excellent	Good	Average	Poor	Unacceptable	Unknown	N/A
Relationship with children:	Excellent	Good	Average	Poor	Unacceptable	Unknown	N/A

Describe the applicant's stre	engths:		
Describe the applicant's we	aknesses		
Have you known the applica	ant to engage in any immor	al actions or questionable	behavior? If so, pleas
explain:			
	_		
	_		
Please share any additional	informationyou feel would	help us evaluate the appli	icant's readiness to atte
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Name (Please Print)	Signature		Dat
		<u> </u>	-
Address	City	State/Province	Zip
Country		Contact Phone Numbers	