

City on the Hill Youth Leadership Conference

PASTOR OR YOUTH LEADER RECOMMENDATION

Applicant _____

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

Please assess the applicant relative to others you have known in a similar capacity.

What are the applicant's primary strengths and weaknesses?

For the student's benefit during the conference, please answer the following questions to the best of your ability to help us gauge how to better serve them individually:

		Low	Average	High
a.	Interest in Spiritual Growth			
b.	Knowledge of the Bible			
c.	Understanding of the Christian Worldview			
d.	Interest in the Political Process			
e.	Knowledge of the Political Process			
f.	Knowledge of controversial Issues such as abortion, homosexuality, euthanasia, etc.			
g.	Public Speaking / Debate			

RECOMMENDATION CONTINUED

Applicant _____

What is your overall recommendation? (check one)

- Strongly Recommend
 Recommend
 Recommend with some reservation
 Do not recommend

Signature of the Recommender _____

Name of the Recommender _____

Phone _____

Position or Title _____

School / Church _____

Address _____

Address _____

PLEASE MAIL OR EMAIL TO:

CAPITOL RESOURCE INSTITUTE

6359 Auburn Blvd., Ste. A

Citrus Heights, CA 95621

PHONE: 916-498-1940

EMAIL:

kengland@capitolresource.org (Please

return by June 24th)