



# ACTS

PO BOX 62429  
COLORADO SPRINGS, CO 80962  
SCHOOL@ACTS.GLOBAL

## PERSONAL RECOMMENDATION FORM

### TO BE COMPLETED BY THE ACTS CANDIDATE:

Last name: \_\_\_\_\_ First name: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Phone: (\_\_\_\_) \_\_\_\_\_ Email: \_\_\_\_\_

#### ***To the Candidate:***

You may waive your right to see this character reference with the understanding that none of the information within will be disclosed to you. Check the box below which represents your wishes. This will in no way affect the decision of the ACTS Leadership Committee. Please note: Failure to indicate a choice is the same as checking the "I do not waive" box.

☐ I waive my right to see this character reference.

☐ I do not waive my right to see this character reference.

\_\_\_\_\_  
Candidate Signature

### TO THE PERSONAL RECOMMENDER:

**Please return this form directly to our office in a sealed envelope with your signature across the seal.** If you have any questions, you may email them to school@acts.global. Thank you for your involvement in this important phase of the candidate's life.

Your Name: \_\_\_\_\_

Age: \_\_\_\_\_

Address: \_\_\_\_\_

Home Telephone: (\_\_\_\_) \_\_\_\_\_ Email: \_\_\_\_\_

1. How long have you known the applicant? How well do you know them?

2. What relationship do you have to the applicant?

3. Please describe your understanding of the applicant's intentions for their time as an ACTS program participant.
4. The ACTS program is extremely rigorous and includes 2 months overseas on the mission field. Do you foresee difficulties for the applicant with a schedule combining high expectations and extensive time constraints?
5. According to your observations, what are the strengths and spiritual gifts of the applicant?
6. According to your observations, what is your assessment of the applicant's weaknesses and struggles?
7. Are you aware of any complex family or relational factors which might affect the applicant's involvement with the ACTS program?
8. Please assess the applicant in the following areas.

	<b><i>Uncertain</i></b>	<b><i>Weak</i></b>	<b><i>Fair</i></b>	<b><i>Good</i></b>	<b><i>Outstanding</i></b>
Spiritual maturity	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Devotion to Jesus Christ	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Integrity and honesty	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Openness to correction	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Self-discipline	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Working without supervision	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Willingness to serve	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Ability to work with others	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Communication skills	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Leadership skills	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Reliability	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Teachability	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Emotional stability	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Physical health	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Family life	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Comments on any of the above:

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9. In consideration of the applicant's suitability for this program and overall potential for ministry, please check one of the following:

☐ Highly recommend    ☐ Recommend    ☐ Recommend with reservations\*    ☐ Do not recommend\*

\*Please explain concerns below or add your comments:

10. Additional comments or explanations not already covered:

Signature\_\_\_\_\_Date\_\_\_\_\_

**Please place this form in a sealed envelope with your signature across the seal and return to:**

**ACTS School  
PO Box 62429  
Colorado Springs, CO 80962**