



SOUND TECHNICIAN RECOMMENDATION

Name of Applicant _____
Last First Middle
 Street Address _____
 City _____ State _____ Zip _____
 Phone(_____) _____ E-mail: _____

TO THE APPLICANT, PLEASE READ BEFORE DISTRIBUTING THIS FORM: This form should be completed by a Pastor, Minister of Music, audio department head or someone you've worked under professionally and returned by him/her directly to the Admissions Department.

I understand that this confidential statement is being submitted to the Admissions Department with the understanding that it's content will not be shared with me. I hereby waive my right to see the confidential statement submitted on this form.

Signature of Applicant _____

INSTRUCTIONS FOR COMPLETING THIS FORM: Each applicant for Celebrant Singers must submit a recommendation. Serious consideration will be given to your comments; therefore we ask that you complete the form carefully. It should be returned directly to the Admissions Director at: Celebrant Singers, P.O. Box 1416, Visalia, CA 93279. Since we request a candid evaluation, we will hold your comments in strictest confidence.

1. How long have you known the applicant? _____
2. How well do you know him/her? (Check one)

<input type="checkbox"/> By name/sight	<input type="checkbox"/> Casually-few personal contacts	<input type="checkbox"/> Fairly well-numerous personal contacts	<input type="checkbox"/> Very close-Work closely together with sound equipment
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3. Please indicate applicant's level of involvement.

<input type="checkbox"/> Pleasure only	<input type="checkbox"/> Major in school	<input type="checkbox"/> Involved at church/school	<input type="checkbox"/> Involved professionally
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4. What are the applicant's technical strong points? _____

5. What are the applicant's technical weak points? _____

6. Is the applicant disciplined? (Does he/she strive to learn all they can about the sound equipment they are working with?) Yes No
7. How does the applicant respond to suggestions on how to make a better sound?

<input type="checkbox"/> Open to them	<input type="checkbox"/> No response	<input type="checkbox"/> Defensive
<input type="checkbox"/> Concerned with improving	<input type="checkbox"/> Cannot handle suggestions at all	

8. How well does the applicant perform the following:

Balance of the mix _____

Volume (is it consistently too loud or too soft?) _____

EQ _____

Does the applicant understand how to work and adjust the EQ? _____

How quickly does the applicant respond to cues given by you to change monitor levels, etc? _____

9. Is the applicant capable of troubleshooting Yes No _____

finding problems Yes No _____

understanding the system Yes No _____

10. Do you feel confident in their abilities? _____

The following questions are essential in giving us a perspective on how the applicant will adjust to a touring situation. Your complete honesty is appreciated.

11. How does the applicant interact in a group situation? Comments _____

12. Does the applicant have certain personality traits which might impair his/her relationship with others?

Yes No Comments _____

13. Please check the terms which best describe the applicant's attitude toward others.

- Warmhearted Encouraging Reclusive
- Sympathetic Enthusiastic Competitive
- Passive Respectful Critical
- Contemptuous Superior

14. How does this person respond to those in leadership? _____

15. Please share with us any information you may have about the applicant that would help in our evaluation. This information could cover recent experiences or incidents in the applicant's life, or even a general personality appraisal. (Additional comments may be added on an attached sheet.)

16. Do you recommend that this person travel with Celebrant Singers? Yes No

Comments _____

Recommender's Name Position

Street City State Zip

Area Code Phone Number