

*Jon F. Stenkoski*  
**CELEBRANT SINGERS**  
**SPIRITUAL RECOMMENDATION**

Name of Applicant \_\_\_\_\_  
Last First Middle  
Street Address \_\_\_\_\_  
City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_  
Phone \_\_\_\_\_ Vocal Part \_\_\_\_\_ Instrument \_\_\_\_\_

**TO THE APPLICANT, PLEASE READ BEFORE DISTRIBUTING THIS FORM:** This form should be completed by your pastor, youth pastor, small group leader or someone who is able to evaluate your spiritual commitment, 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)

- By name/sight       Casually-few personal contacts       Fairly well-numerous personal contacts       Very close (Pastor, small group leader)

3. Please indicate applicant's level of spiritual attendance/involvement.

- Attends Sat/Sun worship services       Involved in Youth/College activities       Participates in church activities       Has leadership role

4. Is the applicant developing any spiritual disciplines? (Reads the scriptures, personal prayer life, etc.)

- Yes       No       Don't know

5. What are the applicant's strong points spiritually? \_\_\_\_\_

6. What are the applicant's weak points spiritually? \_\_\_\_\_

7. How does the applicant interact in a group situation? Comments \_\_\_\_\_

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

Yes      No     Comments \_\_\_\_\_

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

- |                                       |                                       |                                      |
|---------------------------------------|---------------------------------------|--------------------------------------|
| <input type="checkbox"/> Warmhearted  | <input type="checkbox"/> Encouraging  | <input type="checkbox"/> Reclusive   |
| <input type="checkbox"/> Sympathetic  | <input type="checkbox"/> Enthusiastic | <input type="checkbox"/> Competitive |
| <input type="checkbox"/> Passive      | <input type="checkbox"/> Respectful   | <input type="checkbox"/> Critical    |
| <input type="checkbox"/> Contemptuous | <input type="checkbox"/> Superior     |                                      |

10. How does this person respond to those in leadership? \_\_\_\_\_

11. To your knowledge, does the applicant have any history of:

Attempted suicide	<input type="checkbox"/> Yes	<input type="checkbox"/> No	Anorexia Nervosa or Bulimia	<input type="checkbox"/> Yes	<input type="checkbox"/> No
			If yes, is the problem current?	<input type="checkbox"/> Yes	<input type="checkbox"/> No

Regarding the above question, please explain the type of professional counseling the applicant has received (if known)

12. 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.)

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

Comments \_\_\_\_\_

~	~	~	~
_____ Recommender's Name	_____ Church/Parish	_____ Position	
_____ Street	_____ City	_____ State	_____ Zip
_____ Area Code	_____ Phone Number	_____ Email Address	_____ Date