

Dgroup/D12 Leader's Endorsement Form

Please have your Dgroup/D12 leader accomplish this form.

Name of Applicant: _____

To the Dgroup/D12 leader: The above candidate has applied to become a student for the Certificate of Discipleship Level 2 Training Program. Please fill in this form and return it to the applicant in a sealed envelope, signed across the flap. Do not reply to items that you are unsure of or have not had the opportunity to observe. The information you provide on this form will be treated in strictest confidence. Your recommendation is to be highly considered in processing the application. Thank you for your willingness and time.

1. How long have you known the applicant? _____

2. What is the nature of the applicant's commitment to Jesus Christ?

- Testifies to a personal relationship with Jesus as Lord and Savior
- Does not appear to have a personal relationship with Jesus Christ
- I am unsure

Comments: _____

3. What is the nature of the applicant's commitment to your Dgroup/D12?

- Actively involved
- Some involvement
- Rarely attends or no involvement

4. Please rate the applicant:

	Excellent	Average	Poor	Unsure
Integrity	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Attitude towards authority	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Perseverance	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Leadership	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Committed	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

	Excellent	Average	Poor	Unsure
Faithfulness	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Availability	<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"/>

Comments: _____

5. Recommendation

- I recommend
- I do not recommend

Comments: _____

 Print Name

 Signature

 Date

 Contact Number/s
 (Dgroup/D12 leader)

 Name of Area Pastor

Thank you for your time!