

Application Recommendation Form

To be completed by Pastor, Teacher, Former Employer, etc.

To: _____
Name of Person Completing Form *Relationship to Applicant*

From: Eastern Regional Association, 32 Four Rod Road, Rochester, NH 03866

Regarding: _____
Name of Applicant

Position sought by Candidate named above: _____

To Whom It May Concern: In order for us to properly evaluate the qualifications of this applicant, we would like you to complete this form with your honest opinions and impressions.

1. How long have you known the above individual? _____
2. In your opinion, is the above worker fully qualified to work with children and youth?
___Yes ___No (If no, explain below)
3. What concerns, if any, would you have in allowing this individual to work with children or youth?

4. Are you aware of anything in the candidate's background, personality, or behavior that could in any way pose a threat to children or youth?
___Yes___No (If yes, explain below)
5. Would you recommend this person to serve in the position listed above?
___Yes___No (If no, explain below) Additional

Comments or Explanation: _____

The above information is true and correct to the best of my knowledge.

Signature: _____ Date: _____

Please return this form at your earliest convenience to:

Rev. Greg Twitchell, Superintendent
Eastern Regional Association
32 Four Rod Road, Rochester, NH 03866
Fax: (603) 332-1648

Thank you!