

M • Y • F  
STUDENT LEADERSHIP TEAM

RECOMMENDATION FORM

Dear Youth Leader,

Please complete an application for any student applying for the MYF Student Leadership Team for the upcoming year. In order for this student to be considered for the SLT, they must have a completed recommendation form. Your honest responses are appreciated.

Please complete this form and return it to the state office by November 1st.  
Please mail to Missouri Ministries PO Box 217 St. James, MO 65559.

Student Name:

\_\_\_\_\_

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

Your Phone: \_\_\_\_\_ Your Email: \_\_\_\_\_

In what capacity do you serve in your church? \_\_\_\_\_

Please answer the following questions to the best of your knowledge.

How long have you known this student? \_\_\_\_\_

Has this student accepted Jesus christ as their personal savior?    Yes    No

please estimate this student's attendance to the following events:

Sunday AM: \_\_\_\_\_%    Wednesday PM: \_\_\_\_\_%    Special events: \_\_\_\_\_%

How has this student demonstrated a desire to grow in their faith?

How is this student making an impact in the local church?

What leadership strengths have you seen this student demonstrate? Explain.

What have you observed to be weaknesses of this student?

Does this person represent spiritual integrity and good moral character?

Do you have any reservations about recommending this student as a student leadership team candidate?

Please share any additional comments you may have that would help in making our decision.

Signature of person completing this form

Date

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