



Personal Evaluation Form

Please fill out completely and return as soon as possible.
Final date for processing: **August 10, 2010**

Please return this completed evaluation form to:
Xtreme Life Training Center
PO Box 823
Alexandria, MN 56308

If you have any questions regarding the Xtreme Life Training Center application, please contact us at:
Phone/Fax 218-943-1084
E-mail: info@xtremelifetc.org

Applicant: Please read before distributing this form. This form should be completed by someone that knows you well and is not a member of your family. He/she must be able to provide an accurate evaluation of you. I understand that this confidential statement will be submitted to Xtreme Life Training Center with the understanding that its contents will not be shared with me. I hereby waive my right to see the confidential statements submitted on this form.

Evaluator: Each applicant for admission to Xtreme Life Training Center must submit three evaluations to complete his/her application. Serious consideration will be given to your comments. Please complete this form carefully and in privacy. Since we request a candid evaluation, we will hold your comments in strictest confidence. Therefore, we ask that this completed form be mailed directly to Xtreme Life Training Center. Your prompt cooperation completing and returning this form (within 7 days) is greatly appreciated.

This section to be completed by applicant:

Name of Applicant _____
Address _____
City _____
State _____ Zip _____
Telephone Number (____)____-_____
Applicant's Signature: _____
Date ____/____/____

This section to be completed by the personal reference:

- How long have you known the applicant? ____year(s) ____month(s)
- What has been the nature of your acquaintance?
Business: Employer____ Supervisor____ Co-Worker____ Subordinate____
Church: Pastor____ Assistant Pastor____ Music/Worship Director____ Youth/Children's Pastor____
Co-Worker____ Fellow Member____ Other (please specify) _____
School: Principal____ Teacher____ Counselor____ Coach____ Fellow Student____
Social Friend: Friend of the Family____ Personal Friend____ Neighbor____
Other: (please specify) _____
- Has your relationship been: Intense?____ Very Close?____ Close?____ Casual?____ Intermittent?____
Distant?____ Other? (please specify) _____
- Please list attributes which best describe the applicant's attitude toward church and its activities: _____

- How industrious is the applicant as a student/worker?
Usually conscientious, hard worker____ Works harder than most students/workers____
Does about as much work as most other people____ Works less than most others____
Very lazy____ Have no basis for judgment____
Comments: _____

6. Please evaluate his/her personal character (E=Excellent, AA=Above Average, A=Average, P=Poor, U=Unknown)

Honesty____ Financial Responsibility____ Dependability____ Cooperativeness____ Social Poise____
Response to Authority____ Leadership Ability____ Academic Ability____ Teachable Attitude____
Ability to Lead Others____ Personal Cleanliness____ Moral Character____ Ability to Make Decisions____
Consideration for Others____ Acceptance of Instruction and/or Discipline____ Self-confidence____
Servant Attitude____ Emotional Stability____ Ability to Communicate Clearly____ Adaptability____
Ability to Receive Correction____ Ability to Handle Stress____ Spiritual Maturity____ Work Ethic____
Ability to Deal with Interpersonal Conflicts____ Promptness____ Desire to Succeed____

7. Have you noticed any physical weaknesses or emotional problems that would hinder the applicant in an intense academic environment? Yes____ No____ If yes, please explain: _____

8. Would you say the applicant is: Very Stable?____ Stable?____ Unstable?____ Very Unstable?____
Comments: _____

9. Is the applicant: Critical?____ Irritable?____ Depressed?____ Argumentative?____ Domineering?____
Rebellious?____ Comments: _____

10. Describe how the applicant responds to authority: _____

11. The applicant's spiritual influence on others is: Positive____ Neutral____ Negative____

12. With what sort of companions does he/she usually associate? _____

13. Please describe the applicant's home life and/or marriage. _____

14. Is the applicant financially responsible? Yes____ No____ Comments: _____

15. Have you ever known the applicant to engage in questionable moral conduct? Yes____ No____
If yes, please explain: _____

16. To your knowledge, does/has the applicant: Used Tobacco Products?____ Drank Alcoholic Beverages?____
Used Illegal Drugs?____ Comments: _____

17. To your knowledge, has the applicant ever been arrested for any offense other than a minor traffic violation?
Yes____ No____ If yes, please explain: _____

18. To your knowledge, have you known the applicant to ever be involved in homosexuality-lesbianism? Yes____
No____ If yes, please explain: _____

19. To your knowledge, have you known the applicant to ever be involved in the occult? Yes____ No____
If yes, please explain: _____

20. To your knowledge, has the applicant ever been accused, questioned, or investigated for child abuse, child neglect, or child molestation? Yes _____ No _____ If yes, please explain: _____

21. To your knowledge, has the applicant ever been accused, questioned, or investigated for spousal abuse? Yes _____ No _____ If yes, please explain: _____

22. What do you consider the applicant's strong points? (Include positive personal traits.) _____

23. What do you consider the applicant's weak points? (Include negative personal traits.) _____

24. 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.) _____

25. Do you have any reason to lack confidence in the applicant's ability to attend Xtreme Life Training Center? Yes _____ No _____ If yes, please explain: _____

26. To your knowledge, has the applicant's interest in Xtreme Life Training Center been influenced by a desire to escape a difficult situation such as a family problem, financial struggle, troubled romance, etc.? Yes _____ No _____ If yes, please explain: _____

27. From personal knowledge of this individual, would you?
 Highly recommend him/her as a qualified candidate for training.
 Recommend him/her as a qualified candidate for training.
 Recommend him/her with slight reservations as a candidate for training.
 Hesitate in recommending him/her as a qualified candidate for training.
 Be unable to honestly recommend him/her as a qualified candidate for training.
 If you checked any of the last three, please explain: _____

28. Additional comments: _____

Please Print:

Your Name _____ Male/Female _____ Age _____
 Address _____ City _____ State _____ Zip _____
 Home Phone (____) _____ - _____ Work Phone (____) _____ - _____ Cell Phone (____) _____ - _____
 Employer _____ Occupation _____
 Your E-mail Address _____
 Your Signature _____ Date ____ / ____ / ____