

## **RECOMMENDATION FORM: PARENTAL / GUARDIAN REFERENCE**

Name of Applicant:

The person named above is applying for admission to the Capital Interns© Program of Capital Christian Center. The program is church-related and supportive of parental authority in student's lives; therefore, we request your cooperation in completing this form. All information will be held in strict confidence.

### **SECTION 1: PARENTAL / GUARDIAN INFORMATION**

Parent/Guardian Name:

Parent/Guardian Phone number:

Email:

What relationship does the applicant have to you?

### **PARENTAL / GUARDIAN CHURCH INFORMATION**

Church presently attending:

Pastor's name:

Address: 1

### **SECTION 2: PLEASE ANSWER THE FOLLOWING QUESTIONS**

Has the applicant discussed or counseled with you concerning his/her interest in participating in the Capital Interns© Program?

Has the applicant had any serious problems in submitting to parental or other authority?

What do you understand is the real motive for the applicant wanting to attend the Capital Intern© Program?

Has the applicant read through and discussed with you the guidelines and standards of the Capital Intern© Program & Pledge of Honor?

What was his/her general attitude to these guidelines and standards?

Understanding that it is our desire that there be no conflict with parental and church authority, would you be supportive of these guidelines and standards?

### **SECTION 4: PARENTAL / GUARDIAN APPROVAL**

Do you fully approve of the applicant participating in the Capital Intern© Program?

Comments (Please describe any reservations or concerns):

Signature: \_\_\_\_\_ Date \_\_\_\_\_

Thank you for completing this recommendation form. Please keep this form confidential and mail it directly to the Capital Interns© office at 2760 E Fairview Ave Meridian, ID 83646 or fax it to us at 208-888-9728. Please contact us with any further questions or comments at 208-888-1060.