



Personal Recommendation

This portion to be filled out by the applicant:

Applicant Name: First _____ Last _____

Address _____ City _____

State _____ Zip _____ Home _____

I authorize that the individual listed on this form to complete this recommendation and return it to Global Ventures. I understand that this form is confidential and that I will not be entitled to review the completed document. I release this friend and GV from all claims, liabilities, and damage that could arise from the disclosure of information consistent with authorization.

Signature _____ Date _____

This portion to be filled out by a personal friend:

Name: First _____ Last _____

Address _____ City _____

State _____ Zip _____ Office # _____

How long have you known the applicant? _____

How well do you know the applicant? Very Well Well Casually

Do you believe the applicant has a personal relationship with Jesus? Yes No

Do you believe the applicant possesses the qualities to succeed at Global Ventures? Yes No

If not, what is missing? _____

Rank the following areas to your knowledge: Excellent Above Average Average Below Average

Leadership	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Emotional Stability	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Peer Relationships	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Spiritual Maturity	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Morality	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Social Skills	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Submission to Authority	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Work Ethic	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

Comments _____

Is there any reason the applicant should not be admitted to the Global Ventures CORE Program?

Based on the above information, I Strongly Recommend Recommend Do Not Recommend this applicant for admission.

Signature _____ Date _____

After completion, please fax to (918) 844-4015 or mail this document to Global Ventures, P.O. Box 1860, Catoosa, OK, 74015 ATTN: CORE Program