



Metro Atlanta Master's Commission (MAMC) is a ministry of Victory World Church and is affiliated with the Master's Commission International Network (MCIN).

Office- 770.849.0224 Admissions x 232
Fax- 770.849.9500 Main Office x 237

info@mamc.org
www.mamc.org

5985 Financial Drive Norcross, GA 30071
Hours: Monday - Thursday 9am - 5pm (ET)
Friday - No office hours

METRO ATLANTA MASTER'S COMMISSION PERSONAL REFERENCE FORM

TO BE COMPLETED BY THE APPLICANT:

Full Name: _____ Age: _____ Sex: _____

Phone Number: _____

To the Applicant:

This is a **perforated page** please **detach** this "Personal Reference Form" and give it to the appropriate individual for him/her to complete and return to MAMC at 5985 Financial Drive, Norcross, Georgia 30071.

(Note: This Personal Reference Form will be examined by the MAMC Admissions Staff who will contact the reference below. It is suggested that your reference be a fellow believer who is "older" in the Lord than the applicant seeking enrollment.)

To the Personal Reference:

This recommendation form is to be completed by someone who is **not a relative**, and who is **at least 25 years of age**, who has known the applicant for at least 5 years. Please mail this form directly to the address mentioned above. If you have any questions, please call us at 770-849-0224 ext. 232 or email us at info@mamc.org. Thank you for your involvement in this important phase of the applicant's life.

Your Name: _____ Age: _____ E-mail: _____

Address: _____

Home Telephone: _____ Other Telephone: _____

1. How long have you known the applicant? _____

How well?

Very well Fairly well Casually By name/sight



2. What is the relationship between you and the applicant? _____

3. What are the strengths and spiritual gifts of the applicant according to your observations?

4. What is your assessment of the applicant's weaknesses? _____

5. Are there any complex family or relational factors which might affect the applicant's participation in the training at Metro Atlanta Master's Commission? _____

6. The program consists of a 50-60 hour weekly schedule. Do you foresee any difficulties in the applicant adapting to this type of schedule? _____

7. Please try to assess the following based on your knowledge of the applicant:

	Not Observed	Weak	Fair	Good	Very Good
Spiritual maturity.....	[]	[]	[]	[]	[]
Devotion to Christ	[]	[]	[]	[]	[]
Integrity and honesty	[]	[]	[]	[]	[]
Openness to correction	[]	[]	[]	[]	[]
Self-discipline.....	[]	[]	[]	[]	[]
Willingness to serve	[]	[]	[]	[]	[]
Ability to work with others	[]	[]	[]	[]	[]
Communication skills	[]	[]	[]	[]	[]
Courtesy.....	[]	[]	[]	[]	[]
Leadership skills	[]	[]	[]	[]	[]
Reliable	[]	[]	[]	[]	[]
Teachable	[]	[]	[]	[]	[]
Physical health	[]	[]	[]	[]	[]
Emotional stability	[]	[]	[]	[]	[]
Family life.....	[]	[]	[]	[]	[]

Comments on any of the above: _____

8. Recommendation of this applicant for the Metro Atlanta Master's Commission:

- Highly recommend Recommend
 Recommend with reservations* Do not recommend*

*Please explain comments/concerns on reverse side

9. Would you support the applicant's decision to Participate in Metro Atlanta Master's Commission?
 Yes No (please explain on reverse side)

Signature _____ Date _____

Thank you very much. If you have any questions or issues that MAMC should be aware of, please contact our admissions office at 770.849.0224 x 232 or by email at info@mamc.org .