



Student Leader Recommendation

This form should be completed by an individual in a **supervisory role**, such as a principal, teacher, coach, scout leader, etc. The person completing this form may **not** be a relative, or a King of Kings' staff member.

Name of Student Applicant _____ Phone Number of Applicant _____

Name of Reference _____ How long have you known the applicant? _____

Address of Reference _____

Phone Number of Reference _____

In what role did you supervise this person? _____

Why do you feel this person would be a good leader at King of Kings? _____

Please describe qualities you have observed in this individual that you feel would be beneficial in a leadership setting.

Please comment on the commitment to completing activities and dedication level of this individual: _____

Based on your experience, do you feel this individual would be appropriate to work with children younger than they are? Why or why not? _____

Signature of Reference _____ Date _____