

**TRAINEE APPLICATION**  
**Uchee Pines Institute**  
**30 Uchee Pines Road #31**  
**Seale, AL 36875-5702**  
**Tel: 334-855-4764, ext. 7029**

PLEASE ATTACH  
CURRENT  
PHOTO HERE

**BASIC INFORMATION:**

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

Name: \_\_\_\_\_  
First Middle Last

Address: \_\_\_\_\_  
Street/Box Number City State Zip Country

Contact: \_\_\_\_\_  
Work Phone Home Phone Email

Birthplace: \_\_\_\_\_ Birth date: \_\_\_\_\_ Sex: ☐ M ☐ F

U.S. Citizen? ☐ Yes ☐ No

If no, what type of visa do you have? (please send supporting documentation)

☐ None ☐ Tourist ☐ Permanent ☐ Religious

Occupation: \_\_\_\_\_

Marital Status: ☐ Single ☐ Married ☐ Divorced ☐ Separated ☐ Widowed ☐ Remarried

Spouse: \_\_\_\_\_ Birth date: \_\_\_\_\_

**CHILDREN:**

<i>Name</i>	<i>Date of Birth</i>	<i>Sex</i>
1.		
2.		
3.		
4.		
5.		

Are you responsible for child support? ☐ Yes ☐ No If so, how much per month? \_\_\_\_\_

**PERSON(S) TO CONTACT IN CASE OF EMERGENCY:**

\_\_\_\_\_  
Name Address Phone / e-mail

\_\_\_\_\_  
Name Address Phone / e-mail

**BACKGROUND INFORMATION:**

Church Affiliation: Seventh-day Adventist? ☐ Yes ☐ No ☐ Other: \_\_\_\_\_

If yes, what is your date of baptism (or profession of faith)? \_\_\_\_\_

What Spirit of Prophecy books have you read completely? \_\_\_\_\_

In what evangelistic activities do you enjoy participating? \_\_\_\_\_

In what church offices have you served? \_\_\_\_\_

List any trades/skills/musical abilities you have: \_\_\_\_\_

Have you ever been relieved from a job or asked to leave an institution?

☐ Yes ☐ No

Have you ever been refused employment because of ill health?

☐ Yes ☐ No

Have you ever filed for workers' compensation insurance?

☐ Yes ☐ No

Have you missed work in the last six months due to illness?

☐ Yes ☐ No

If yes to any of the above, describe: \_\_\_\_\_

List any physical conditions which may limit your ability to work and study effectively: \_\_\_\_\_

Are you in debt? ☐ Yes ☐ No

Do you understand there is a charge for tuition, room, and board?

☐ Yes ☐ No

How do you plan to finance the cost? \_\_\_\_\_

How well do you understand, read, and write English? ☐ Fluent ☐ Intermediate ☐ Beginner

*All classes are taught in English. Applicants whose first language is not English may be asked to take an English proficiency test before their acceptance is finalized.*

Do you have a current U.S. driver's license?

☐ Yes ☐ No

Have you ever been arrested? ☐ Yes ☐ No If yes, please state reasons and sentence if convicted. \_\_\_\_\_

List people you know who are or were at Uchee Pines Institute: \_\_\_\_\_

**MEDICAL HISTORY:**

Yes	No	Year
<input type="checkbox"/>	<input type="checkbox"/>	Measles _____
<input type="checkbox"/>	<input type="checkbox"/>	Mumps _____
<input type="checkbox"/>	<input type="checkbox"/>	Chicken pox _____
<input type="checkbox"/>	<input type="checkbox"/>	Polio _____
<input type="checkbox"/>	<input type="checkbox"/>	Scarlet fever _____
<input type="checkbox"/>	<input type="checkbox"/>	Diphtheria _____
<input type="checkbox"/>	<input type="checkbox"/>	Meningitis _____
<input type="checkbox"/>	<input type="checkbox"/>	Infectious mono _____
<input type="checkbox"/>	<input type="checkbox"/>	Tuberculosis _____
<input type="checkbox"/>	<input type="checkbox"/>	Exposure to TB _____
<input type="checkbox"/>	<input type="checkbox"/>	Malaria _____
<input type="checkbox"/>	<input type="checkbox"/>	Bronchitis _____
<input type="checkbox"/>	<input type="checkbox"/>	Pneumonia _____
<input type="checkbox"/>	<input type="checkbox"/>	Hepatitis (jaundice) _____
<input type="checkbox"/>	<input type="checkbox"/>	Bladder infection _____
<input type="checkbox"/>	<input type="checkbox"/>	Rheumatic fever _____
<input type="checkbox"/>	<input type="checkbox"/>	Kidney disease _____
<input type="checkbox"/>	<input type="checkbox"/>	Kidney stones _____
<input type="checkbox"/>	<input type="checkbox"/>	Glaucoma _____
<input type="checkbox"/>	<input type="checkbox"/>	Cataracts _____
<input type="checkbox"/>	<input type="checkbox"/>	Liver disease/trouble _____
<input type="checkbox"/>	<input type="checkbox"/>	Gallbladder trouble _____
<input type="checkbox"/>	<input type="checkbox"/>	Seizures (Fits, Convulsions) _____
<input type="checkbox"/>	<input type="checkbox"/>	Depression _____
<input type="checkbox"/>	<input type="checkbox"/>	Schizophrenia/Bipolar Disorder _____

Yes	No	Year
<input type="checkbox"/>	<input type="checkbox"/>	Varicose veins _____
<input type="checkbox"/>	<input type="checkbox"/>	Thrombophlebitis _____
<input type="checkbox"/>	<input type="checkbox"/>	Gout _____
<input type="checkbox"/>	<input type="checkbox"/>	Hay fever/sinusitis _____
<input type="checkbox"/>	<input type="checkbox"/>	Asthma _____
<input type="checkbox"/>	<input type="checkbox"/>	Emphysema _____
<input type="checkbox"/>	<input type="checkbox"/>	Arthritis _____
<input type="checkbox"/>	<input type="checkbox"/>	Back trouble _____
<input type="checkbox"/>	<input type="checkbox"/>	High blood pressure _____
<input type="checkbox"/>	<input type="checkbox"/>	Heart disease _____
<input type="checkbox"/>	<input type="checkbox"/>	Anemia _____
<input type="checkbox"/>	<input type="checkbox"/>	Bleeding tendency _____
<input type="checkbox"/>	<input type="checkbox"/>	Nosebleeds _____
<input type="checkbox"/>	<input type="checkbox"/>	Ulcer _____
<input type="checkbox"/>	<input type="checkbox"/>	Cancer _____
<input type="checkbox"/>	<input type="checkbox"/>	Stroke _____
<input type="checkbox"/>	<input type="checkbox"/>	Thyroid trouble _____
<input type="checkbox"/>	<input type="checkbox"/>	Adrenal trouble _____
<input type="checkbox"/>	<input type="checkbox"/>	Diabetes _____
<input type="checkbox"/>	<input type="checkbox"/>	Lyme's disease _____
<input type="checkbox"/>	<input type="checkbox"/>	AIDS (HIV positive) _____
<input type="checkbox"/>	<input type="checkbox"/>	Hemorrhoids _____
<input type="checkbox"/>	<input type="checkbox"/>	Blood transfusion _____
<input type="checkbox"/>	<input type="checkbox"/>	Gonorrhea _____
<input type="checkbox"/>	<input type="checkbox"/>	Chronic Fatigue Syndrome _____

**ALLERGIES:**

Yes	No	
<input type="checkbox"/>	<input type="checkbox"/>	Tetanus antitoxin _____
<input type="checkbox"/>	<input type="checkbox"/>	Penicillin _____
<input type="checkbox"/>	<input type="checkbox"/>	Sulfa _____
<input type="checkbox"/>	<input type="checkbox"/>	Other drugs: _____
<input type="checkbox"/>	<input type="checkbox"/>	Foods _____
<input type="checkbox"/>	<input type="checkbox"/>	Cosmetics _____
<input type="checkbox"/>	<input type="checkbox"/>	Other: _____

Kinds of allergy reaction: \_\_\_\_\_

**IMMUNIZATIONS:**

**(for health record only - not required for admission)**

Yes	No	Yr
<input type="checkbox"/>	<input type="checkbox"/>	Small pox _____
<input type="checkbox"/>	<input type="checkbox"/>	Tetanus _____
<input type="checkbox"/>	<input type="checkbox"/>	Polio _____
<input type="checkbox"/>	<input type="checkbox"/>	Mumps _____
<input type="checkbox"/>	<input type="checkbox"/>	Pertussis _____
<input type="checkbox"/>	<input type="checkbox"/>	Diphtheria _____
<input type="checkbox"/>	<input type="checkbox"/>	Measles _____

HEIGHT \_\_\_\_\_

WEIGHT \_\_\_\_\_

**INJURIES:**

Yes	No	Yr
<input type="checkbox"/>	<input type="checkbox"/>	Head _____
<input type="checkbox"/>	<input type="checkbox"/>	Chest _____
<input type="checkbox"/>	<input type="checkbox"/>	Abdomen _____
<input type="checkbox"/>	<input type="checkbox"/>	Bones _____
<input type="checkbox"/>	<input type="checkbox"/>	Back _____
<input type="checkbox"/>	<input type="checkbox"/>	Other _____

**OPERATIONS:**

Yes	No	Yr
<input type="checkbox"/>	<input type="checkbox"/>	Tonsils _____
<input type="checkbox"/>	<input type="checkbox"/>	Appendix _____
<input type="checkbox"/>	<input type="checkbox"/>	Gallbladder _____
<input type="checkbox"/>	<input type="checkbox"/>	Stomach _____
<input type="checkbox"/>	<input type="checkbox"/>	Breast _____
<input type="checkbox"/>	<input type="checkbox"/>	Uterus/ovary _____
<input type="checkbox"/>	<input type="checkbox"/>	Prostate _____
<input type="checkbox"/>	<input type="checkbox"/>	Hernia _____
<input type="checkbox"/>	<input type="checkbox"/>	Thyroid _____
<input type="checkbox"/>	<input type="checkbox"/>	Varicose veins _____
<input type="checkbox"/>	<input type="checkbox"/>	Hemorrhoids _____
<input type="checkbox"/>	<input type="checkbox"/>	Heart _____
<input type="checkbox"/>	<input type="checkbox"/>	Other _____

Have you or do you partake in any of the following?

	Never	Past (Last Used)	Currently Use
Alcohol	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Tobacco	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Tea, caffeinated	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Caffeine	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Drugs	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Usual recreational activity: \_\_\_\_\_

Hours /week viewing TV or online videos: \_\_\_\_\_

Hours /week on internet: (Facebook, Twitter, etc.) \_\_\_\_\_

Exercise (type & frequency): \_\_\_\_\_

Do you take any medications or supplements? ☐ Yes ☐ No

Name	Dosage	Duration
_____	_____	_____

**ESSAY QUESTIONS:**

Please respond on a separate sheet of paper to the following questions:

1. When did you fully accept Christ as your personal Savior and yield your life fully to Him? What do you understand conversion to mean?
2. Please relate the experiences in your past life which have prepared you to apply as a trainee.
3. Please state your philosophy of Christian education and how these views have influenced your life.
4. What place does the Bible hold in your life? What does it mean to you practically and how do you use it?
5. Describe your relationship and attitude toward the organized Seventh-day Adventist church.
6. How does your conversion experience affect your lifestyle? (i.e. diet, music, dress, social relations, recreation)
7. How does your current health status reflect your commitment to the principles of healthful living?
8. Have you ever struggled with depression or mental illness? If yes, describe at length: duration, treatment, medication, and current status?
9. How do you view the role of Ellen G. White and her ministry to the Seventh-day Adventist church?
10. What do you hope to gain from your time at Uchee Pines? What are your long-range vocational goals?
11. After reading the Handbook, please list any specific areas where you feel you cannot comply with institutional policy.

**RESUME:**

Please enclose a complete resume of your previous jobs, date and employers, how long employed and reason for leaving the employment as well as educational experiences you have had.

**PROGRAM INFORMATION:**

Check which program you wish to apply for:

- ☐ Lifestyle Educator Course (Health Education emphasis)
- ☐ Lifestyle Educator Work Study Program (1 year: 6 months full-time work + 6 months LE course)
- ☐ Lifestyle Educator Course Block # \_\_\_\_\_ (check on the website for block number)
  
- ☐ Lifestyle Counselor Course (Emphasis on working with health guests) Prerequisite: The LE course at Uchee Pines or completion of another LE equivalent course in an accepted school.
- ☐ Lifestyle Counselor Work Study Program (1.5 years: 6 months full-time work + 12 months LC course)
  
- ☐ Healthcare Practitioner Internship

When would you like to arrive at Uchee Pines Institute? \_\_\_\_\_  
(Sessions begins in July of each year.)

**REFERENCES:**

Give the name of your pastor and three persons not related to you, whom you have known for at least a year:

Name	Address	Phone	How long known?	In what capacity?
1. _____	_____	_____	_____	_____
2. _____	_____	_____	_____	_____
3. _____	_____	_____	_____	_____
4. _____	_____	_____	_____	_____

Please enclose a \$50 application fee and a recent photograph with this application.

I have completed the above application as honestly as possible, and seek training which will enable me to be more effective in ministry for Jesus Christ. Should I be accepted into Uchee Pines Educational Center, I purpose to support and promote the principles for which it stands.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

*Notice: It is the policy of the Uchee Pines Educational Center to welcome applications from people regardless of race, color, or national origin, whose goals are in harmony with the ideals and traditions of this institute*

# UCHEE PINES INSTITUTE –PERSONAL RECOMMENDATION FORM

Trainee's Name: \_\_\_\_\_ Trainee's Phone #: \_\_\_\_\_

Dear Friend,

The above named person has applied for admission as a trainee to the Uchee Pines Educational Center and has given your name as a reference. Please be honest and candid in your evaluation. This referral form will be kept strictly confidential. Since this form must be on file before his/her admission can be considered, please return it promptly to our address. Thank you!  
Mailing Address: Uchee Pines Institute, 30 Uchee Pines #31, Seale, AL 36875

- How long have you known the applicant? \_\_\_\_\_ In what capacity? \_\_\_\_\_
- What do you believe are the applicant's greatest strengths? \_\_\_\_\_
- Is there any particular area of the applicant's life where he/she may need special guidance or counsel? \_\_\_\_\_

- If you would be willing to discuss the applicant more carefully with us by phone, please supply a phone number where you can most likely be reached during normal business hours: Area code ( \_\_\_\_ ) \_\_\_\_\_ - \_\_\_\_\_
- Please mark the box which best describes the applicant in each of the areas of growth listed below and circle the character quality that best describes them. If you feel you cannot honestly evaluate a certain characteristic, leave that line blank.

- |   |                                    |                               |                                  |  |   |
|---|------------------------------------|-------------------------------|----------------------------------|--|---|
| A. TEMPERAMENT: calm, pleasant, not easily provoked...moody, fragile, unapproachable                  | <input type="checkbox"/> Excellent | <input type="checkbox"/> Good | <input type="checkbox"/> Average | <input type="checkbox"/> Below Average | <input type="checkbox"/> Unsatisfactory |
| B. SPIRITUALITY: strong, stable, growing...immature, shaky, stagnating                                | <input type="checkbox"/> Excellent | <input type="checkbox"/> Good | <input type="checkbox"/> Average | <input type="checkbox"/> Below Average | <input type="checkbox"/> Unsatisfactory |
| C. JUDGMENT: sound, careful, teachable...rash, impulsive, headstrong                                  | <input type="checkbox"/> Excellent | <input type="checkbox"/> Good | <input type="checkbox"/> Average | <input type="checkbox"/> Below Average | <input type="checkbox"/> Unsatisfactory |
| D. SERVICE ATTITUDE: compassionate, unselfish, takes initiative...indifferent, self-centered          | <input type="checkbox"/> Excellent | <input type="checkbox"/> Good | <input type="checkbox"/> Average | <input type="checkbox"/> Below Average | <input type="checkbox"/> Unsatisfactory |
| E. INDUSTRIOUSNESS: diligent, thorough, follows through...lazy, incomplete, needs supervision         | <input type="checkbox"/> Excellent | <input type="checkbox"/> Good | <input type="checkbox"/> Average | <input type="checkbox"/> Below Average | <input type="checkbox"/> Unsatisfactory |
| F. RELATION & ATTITUDE TO THE SDA CHURCH: deeply committed, loyal, supportive...uninformed, skeptical | <input type="checkbox"/> Excellent | <input type="checkbox"/> Good | <input type="checkbox"/> Average | <input type="checkbox"/> Below Average | <input type="checkbox"/> Unsatisfactory |
| G. RELATION TO THE INSPIRED COUNSELS: informed, accepting, committed...uninformed, neglecting         | <input type="checkbox"/> Excellent | <input type="checkbox"/> Good | <input type="checkbox"/> Average | <input type="checkbox"/> Below Average | <input type="checkbox"/> Unsatisfactory |
| H. ACCEPTANCE OF HEALTH REFORMS: informed, practicing...uninformed, neglecting                        | <input type="checkbox"/> Excellent | <input type="checkbox"/> Good | <input type="checkbox"/> Average | <input type="checkbox"/> Below Average | <input type="checkbox"/> Unsatisfactory |
| I. HONESTY: unquestioned, strict...vacillating, questionable  | <input type="checkbox"/> Excellent | <input type="checkbox"/> Good | <input type="checkbox"/> Average | <input type="checkbox"/> Below Average | <input type="checkbox"/> Unsatisfactory |
| J. INTELLECT: vigorous, creative, learning...slow, unmotivated, self-satisfied                        | <input type="checkbox"/> Excellent | <input type="checkbox"/> Good | <input type="checkbox"/> Average | <input type="checkbox"/> Below Average | <input type="checkbox"/> Unsatisfactory |
| K. LEADERSHIP ABILITY: sets example, tactful, caring...domineering, micro-managing, critical          | <input type="checkbox"/> Excellent | <input type="checkbox"/> Good | <input type="checkbox"/> Average | <input type="checkbox"/> Below Average | <input type="checkbox"/> Unsatisfactory |
| L. EMOTIONAL STABILITY: solid, positive, secure...dependent, weak, troubled                           | <input type="checkbox"/> Excellent | <input type="checkbox"/> Good | <input type="checkbox"/> Average | <input type="checkbox"/> Below Average | <input type="checkbox"/> Unsatisfactory |
| M. ABILITY TO WORK WITH OTHERS: team worker, caring, considerate...loner, critical, obstinate         | <input type="checkbox"/> Excellent | <input type="checkbox"/> Good | <input type="checkbox"/> Average | <input type="checkbox"/> Below Average | <input type="checkbox"/> Unsatisfactory |
| N. ATTITUDE TOWARD AUTHORITY: supportive, teachable, obedient...rebellious, querulous, resentful      | <input type="checkbox"/> Excellent | <input type="checkbox"/> Good | <input type="checkbox"/> Average | <input type="checkbox"/> Below Average | <input type="checkbox"/> Unsatisfactory |

- Further comments? \_\_\_\_\_

- The applicant's English language skills, could be characterized as: ☐ Fluent ☐ Intermediate ☐ Beginner
- Considering the responsibilities resting on those engaged in missionary work, how well do you think this person will do as a trainee at Uchee Pines?  
☐ recommended without reservation ☐ not recommended under present circumstances  
☐ recommended with some reservation ☐ not recommended under any circumstances
- I (☐ am) (☐ am not) acquainted with the principles and policies which characterize life at Uchee Pines Institute.

Your Name \_\_\_\_\_ Position or title \_\_\_\_\_ Date \_\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_

Country \_\_\_\_\_ Postal Code \_\_\_\_\_

# UCHEE PINES INSTITUTE –PERSONAL RECOMMENDATION FORM

Trainee's Name: \_\_\_\_\_ Trainee's Phone #: \_\_\_\_\_

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- How long have you known the applicant? \_\_\_\_\_ In what capacity? \_\_\_\_\_
- What do you believe are the applicant's greatest strengths? \_\_\_\_\_
- Is there any particular area of the applicant's life where he/she may need special guidance or counsel? \_\_\_\_\_

- If you would be willing to discuss the applicant more carefully with us by phone, please supply a phone number where you can most likely be reached during normal business hours: Area code ( \_\_\_\_ ) \_\_\_\_\_ - \_\_\_\_\_
- Please mark the box which best describes the applicant in each of the areas of growth listed below and circle the character quality that best describes them. If you feel you cannot honestly evaluate a certain characteristic, leave that line blank.

- A. TEMPERAMENT: calm, pleasant, not easily provoked...moody, fragile, unapproachable  
☐ Excellent ☐ Good ☐ Average ☐ Below Average ☐ Unsatisfactory
- B. SPIRITUALITY: strong, stable, growing...immature, shaky, stagnating  
☐ Excellent ☐ Good ☐ Average ☐ Below Average ☐ Unsatisfactory
- C. JUDGMENT: sound, careful, teachable...rash, impulsive, headstrong  
☐ Excellent ☐ Good ☐ Average ☐ Below Average ☐ Unsatisfactory
- D. SERVICE ATTITUDE: compassionate, unselfish, takes initiative...indifferent, self-centered  
☐ Excellent ☐ Good ☐ Average ☐ Below Average ☐ Unsatisfactory
- E. INDUSTRIOUSNESS: diligent, thorough, follows through...lazy, incomplete, needs supervision  
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- F. RELATION & ATTITUDE TO THE SDA CHURCH: deeply committed, loyal, supportive...uninformed, skeptical  
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Your Name \_\_\_\_\_ Position or title \_\_\_\_\_ Date \_\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_

Country \_\_\_\_\_ Postal Code \_\_\_\_\_

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- How long have you known the applicant? \_\_\_\_\_ In what capacity? \_\_\_\_\_
- What do you believe are the applicant's greatest strengths? \_\_\_\_\_
- Is there any particular area of the applicant's life where he/she may need special guidance or counsel? \_\_\_\_\_

- If you would be willing to discuss the applicant more carefully with us by phone, please supply a phone number where you can most likely be reached during normal business hours: Area code ( \_\_\_\_ ) \_\_\_\_\_ - \_\_\_\_\_
- Please mark the box which best describes the applicant in each of the areas of growth listed below and circle the character quality that best describes them. If you feel you cannot honestly evaluate a certain characteristic, leave that line blank.

- A. TEMPERAMENT: calm, pleasant, not easily provoked...moody, fragile, unapproachable  
☐ Excellent ☐ Good ☐ Average ☐ Below Average ☐ Unsatisfactory
- B. SPIRITUALITY: strong, stable, growing...immature, shaky, stagnating  
☐ Excellent ☐ Good ☐ Average ☐ Below Average ☐ Unsatisfactory
- C. JUDGMENT: sound, careful, teachable...rash, impulsive, headstrong  
☐ Excellent ☐ Good ☐ Average ☐ Below Average ☐ Unsatisfactory
- D. SERVICE ATTITUDE: compassionate, unselfish, takes initiative...indifferent, self-centered  
☐ Excellent ☐ Good ☐ Average ☐ Below Average ☐ Unsatisfactory
- E. INDUSTRIOUSNESS: diligent, thorough, follows through...lazy, incomplete, needs supervision  
☐ Excellent ☐ Good ☐ Average ☐ Below Average ☐ Unsatisfactory
- F. RELATION & ATTITUDE TO THE SDA CHURCH: deeply committed, loyal, supportive...uninformed, skeptical  
☐ Excellent ☐ Good ☐ Average ☐ Below Average ☐ Unsatisfactory
- G. RELATION TO THE INSPIRED COUNSELS: informed, accepting, committed...uninformed, neglecting  
☐ Excellent ☐ Good ☐ Average ☐ Below Average ☐ Unsatisfactory
- H. ACCEPTANCE OF HEALTH REFORMS: informed, practicing...uninformed, neglecting  
☐ Excellent ☐ Good ☐ Average ☐ Below Average ☐ Unsatisfactory
- I. HONESTY: unquestioned, strict...vacillating, questionable  
☐ Excellent ☐ Good ☐ Average ☐ Below Average ☐ Unsatisfactory
- J. INTELLECT: vigorous, creative, learning...slow, unmotivated, self-satisfied  
☐ Excellent ☐ Good ☐ Average ☐ Below Average ☐ Unsatisfactory
- K. LEADERSHIP ABILITY: sets example, tactful, caring...domineering, micro-managing, critical  
☐ Excellent ☐ Good ☐ Average ☐ Below Average ☐ Unsatisfactory
- L. EMOTIONAL STABILITY: solid, positive, secure...dependent, weak, troubled  
☐ Excellent ☐ Good ☐ Average ☐ Below Average ☐ Unsatisfactory
- M. ABILITY TO WORK WITH OTHERS: team worker, caring, considerate...loner, critical, obstinate  
☐ Excellent ☐ Good ☐ Average ☐ Below Average ☐ Unsatisfactory
- N. ATTITUDE TOWARD AUTHORITY: supportive, teachable, obedient...rebellious, querulous, resentful  
☐ Excellent ☐ Good ☐ Average ☐ Below Average ☐ Unsatisfactory

- Further comments? \_\_\_\_\_

- The applicant's English language skills, could be characterized as: ☐ Fluent ☐ Intermediate ☐ Beginner
- Considering the responsibilities resting on those engaged in missionary work, how well do you think this person will do as a trainee at Uchee Pines?  
☐ recommended without reservation ☐ not recommended under present circumstances  
☐ recommended with some reservation ☐ not recommended under any circumstances
- I (☐ am) (☐ am not) acquainted with the principles and policies which characterize life at Uchee Pines Institute.

Your Name \_\_\_\_\_ Position or title \_\_\_\_\_ Date \_\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_

Country \_\_\_\_\_ Postal Code \_\_\_\_\_



# UCHEE PINES INSTITUTE –PERSONAL RECOMMENDATION FORM

Trainee's Name: \_\_\_\_\_ Trainee's Phone #: \_\_\_\_\_

Dear Friend,

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- What do you believe are the applicant's greatest strengths? \_\_\_\_\_
- Is there any particular area of the applicant's life where he/she may need special guidance or counsel? \_\_\_\_\_

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- E. INDUSTRIOUSNESS: diligent, thorough, follows through...lazy, incomplete, needs supervision  
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- F. RELATION & ATTITUDE TO THE SDA CHURCH: deeply committed, loyal, supportive...uninformed, skeptical  
☐ Excellent ☐ Good ☐ Average ☐ Below Average ☐ Unsatisfactory
- G. RELATION TO THE INSPIRED COUNSELS: informed, accepting, committed...uninformed, neglecting  
☐ Excellent ☐ Good ☐ Average ☐ Below Average ☐ Unsatisfactory
- H. ACCEPTANCE OF HEALTH REFORMS: informed, practicing...uninformed, neglecting  
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- Further comments? \_\_\_\_\_

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Your Name \_\_\_\_\_ Position or title \_\_\_\_\_ Date \_\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_

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# UCHEE PINES INSTITUTE –PERSONAL RECOMMENDATION FORM

Trainee's Name: \_\_\_\_\_ Trainee's Phone #: \_\_\_\_\_

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# UCHEE PINES INSTITUTE –PERSONAL RECOMMENDATION FORM

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Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_

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