



הסתדרות הרבנים דאמריקה
THE RABBINICAL COUNCIL OF AMERICA

Applicant Recommendation

PLEASE SAVE RECOMMENDATION FORM BEFORE SENDING

Dear Esteemed Rabbinic Colleague,

Thank you for taking the time and effort to submit a recommendation for a candidate applying for admission to the Rabbinical Council of America. Recommendations provide us with indispensable information in assessing a prospective candidate for membership, as well as in assisting him if and when he becomes a member of the RCA.

Please save this form and submit it directly to the RCA, office@rabbis.org. Please do NOT have applicant send it to us on your behalf.

Naturally, your recommendation will be held in strict confidence, and will not be shared with the applicant. Please note that the RCA may contact you to discuss your experiences with this applicant as well as other information that may arise.

NAME OF APPLICANT

NAME:

INFORMATION ABOUT YOU

NAME:

YOUR EMPLOYER AND
PROFESSIONAL POSITION

STREET ADDRESS, CITY, STATE/
PROVINCE, ZIP/POSTAL CODE,
COUNTRY

ARE YOU AN RCA MEMBER?

EMAIL ADDRESS:

PHONE NUMBER(S)

YOUR RELATIONSHIP TO APPLICANT

ARE YOU RELATED TO
APPLICANT (if so, how)?

IN WHAT PERSONAL,
INSTITUTIONAL, AND
PROFESSIONAL CONTEXTS
HAVE YOU GOTTEN TO KNOW
APPLICANT? HOW LONG HAVE
YOU KNOWN HIM?

YOUR KNOWLEDGE OF APPLICANT

PLEASE DESCRIBE APPLICANT'S
PERSONALITY

PLEASE DESCRIBE APPLICANT'S
MORAL AND RELIGIOUS
CHARACTER

IF YOU ARE A FACULTY MEMBER
OF APPLICANT'S YESHIVA WITH
PERSONAL, FIRST-HAND
KNOWLEDGE OF APPLICANT,
PLEASE DESCRIBE HIS
LEARNING ABILITY

IF YOU HAVE FIRST-HAND
KNOWLEDGE OF APPLICANT'S
PROFESSIONAL ABILITIES,
PLEASE DESCRIBE, INCLUDING
PARTICULAR STRENGTHS OR
WEAKNESSES

TO THE BEST OF YOUR
KNOWLEDGE, ARE APPLICANT'S
PERSONAL BELIEFS AND
HALACHIC OBSERVANCE
CONSONANT WITH ORTHODOX
BELIEF AND PRACTICE?

TO THE BEST OF YOUR
KNOWLEDGE, WITH WHOM, IF
ANYONE, DOES APPLICANT
CONSULT ON HALACHIC
MATTERS?

YOUR RECOMMENDATION

DO YOU RECOMMEND
APPLICANT FOR RCA
MEMBERSHIP? PLEASE
EXPLAIN.

DATE