

THE SALVATION ARMY
CENTRAL TERRITORY CANDIDATES' DEPARTMENT
10 W. Algonquin Road
Des Plaines, IL 60016

CONSENT TO PSYCHOLOGICAL TESTING

I _____ consent to take the following Tests for the purpose of providing in depth information to The Salvation Army with regard to my suitability for Salvation Army Officership.

I understand the following tests will be administered to me by:

Divisional Youth and Candidates' Secretary

on _____
(Date)

at _____
(Address)

TESTS:

1. Minnesota Multiphasic Personality Inventory 2 (MMPI-2)
2. Hilson Life Adjustment Profile (HLAP)
3. Flanagan Aptitude Classification – Judgment and Comprehension
4. Flanagan Aptitude Classification – Arithmetic
5. Flanagan Aptitude Classification – Expression
6. Thurstone Test of Mental Alertness
7. S.R.A. Reading Index
8. Life History Questionnaire

I further consent for these tests to be scored by a Behavioral Specialist/Psychologist and the scores and diagnostic impressions to be forwarded to the Territorial Officer Candidate Recruitment Department office at 10 W. Algonquin Road, Des Plaines, IL 60016 for the purpose of review and evaluation.

Signed by my own hand on this day _____
(Date)

In the presence of _____
(Witness)

(Candidate)

(Address)

THE SALVATION ARMY
CENTRAL TERRITORY CANDIDATES' DEPARTMENT
10 W. Algonquin Road
Des Plaines, IL 60016

CONSENT TO RELEASE PSYCHOLOGICAL TEST RESULTS, FORMS, AND
DIAGNOSTIC IMPRESSION

I _____ understanding my need for professional
counseling do hereby AUTHORIZE the release of the following test results, forms, and diagnostic
impression from

The Territorial Officer Candidate Recruitment
To

I understand the following tests and results will be forwarded for consultation and evaluation:

1. Minnesota Multiphasic Personality Inventory 2 (MMPI-2)
2. Hilson Life Adjustment Profile (HLAP)
3. Flanagan Aptitude Classification – Judgment and Comprehension
4. Flanagan Aptitude Classification – Arithmetic
5. Flanagan Aptitude Classification – Expression
6. Thurstone Test of Mental Alertness
7. S.R.A. Reading Index
8. Life History Questionnaire

Which were administered to me on _____

by _____

I understand the material will be held in strictest confidence and transmitted under CONFIDENTIAL cover.

Signed by my own hand on this day _____
(Date)

In the presence of _____
(Witness)

(Candidate)

(Address)