



APPLICANT INFORMATION

Name

Last	First	Middle
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Year Applying

<input type="checkbox"/> 1 st year	<input type="checkbox"/> 2 nd year
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CURRENT PHONE NUMBER _____

APPLICANT: If your father or a close relative is your pastor, please refer the form to the assistant pastor or lay leader in your church.

I understand that this confidential statement will be submitted to Almond Tree Ministries with the understanding that its contents will not be shared with me. I hereby waive my right to see the confidential statement submitted on this form.

PASTORAL RECOMMENDATION

EVALUATOR: Each applicant for admission to Almond Tree Ministries Bible Institute must submit 3 recommendations to complete his/her application. Serious consideration will be given to your comments. Please complete this form carefully and in privacy. Since we request a candid evaluation, we will hold comments in strictest confidence. Therefore we ask that this form be mailed directly to Almond Tree Ministries within 2 weeks of you receiving it.

Applicant's Signature _____

Date mm / dd / yy

1. How long have you known the applicant? _____ year(s) _____ month(s)
2. Has your relationship been: Very close Close Casual Distant
3. Please check any area of his/her involvement in the church:

<input type="checkbox"/> Usher	<input type="checkbox"/> Music	<input type="checkbox"/> Teacher	<input type="checkbox"/> Youth
<input type="checkbox"/> Children	<input type="checkbox"/> Sound	<input type="checkbox"/> Prayer Room	<input type="checkbox"/> Other
4. Please evaluate his/her personal character.

	Excellent	Good	Fair	Poor	Unknown
Honesty					
Financial responsibility					
Dependability					
Cooperativeness					
Academic ability					
Ability to work with others					
Ability to lead others					
Personal cleanliness					
Consideration for others					
Moral character					
Acceptance of instruction and/or discipline					

5. How industrious is he/she as a student or worker?

<input type="checkbox"/> Usually conscientious, hard worker	<input type="checkbox"/> Works harder than most students/workers
<input type="checkbox"/> Does about as much work as most other people	<input type="checkbox"/> Works less than most others
<input type="checkbox"/> Very lazy	<input type="checkbox"/> Have no basis for judgement

Comments _____

6. Please list attributes which best describe the applicant's attitude toward the church and its activities.

7. Is the applicant prompt in paying his/her bills? Yes No

Comments _____

(Please complete reverse side)

8. From personal knowledge of the individual, would you:
- Highly recommend him/her as a qualified candidate for ministerial training.
 - Recommend him/her as a qualified candidate for ministerial training.
 - Recommend him/her with slight reservations as a candidate for ministerial training.
 - Hesitate in recommending him/her for ministerial training.
 - Be unable to honestly recommend him/her as a qualified candidate for ministerial training.

If you checked any of the last three, please explain: _____

9. Emotional Evaluation: Very Stable Stable Unstable Very Unstable
 10. Does the applicant respond well to authority? Yes No- Please explain further in Question 18
 11. The applicant's spiritual influence on others is: Positive Neutral Negative
 12. With what sort of companions does he/she associate? _____

13. Have you ever known the applicant to engage in questionable moral character? Yes No
 If yes, please explain. _____

14. Please describe the applicant's home life or marriage. _____

15. Have you noted physical weaknesses, emotional problems, or learning difficulties that would hinder the applicant in an intense academic environment? _____

16. To your knowledge, does the applicant: Use tobacco products Drink alcoholic beverages Use illegal drugs
 Comments: _____

17. What do you consider the applicant's strong points? (Include positive personal traits.) _____

18. What do you consider the applicant's weak points? (Include negative personal traits.) _____

19. Please share with us any information you may have about the applicant that would help in our evaluation.
 (This information could cover recent experiences or incidents in the applicant's life, or even a general personality appraisal.)

20. How much individual attention and/or counselling does the applicant need to maintain a victorious Christian walk?
 Applicant seems to need much individualized attention and counselling.
 Applicant seems to need a moderate amount of individualized attention and counselling.
 Applicant seems to maintain victory from his/her own devotional life and from ministry received in church services.

If you checked one of the first two boxes, please specify the area of need:

21. To your knowledge, has the applicant ever been accused, questioned, or investigated for child abuse, child neglect, or child molestation? If yes, please explain. _____

22. To your knowledge, has the applicant ever been accused, questioned, or investigated for spousal abuse? If yes, please explain.

PRINT Your Age 18-25 26-35 36-50 51 & over
 Your Name _____ Are you Licensed? Ordained?
 Your Phone Number __ (____) _____ Organization _____

Address _____ Position _____

City _____ Province/State _____ Postal Code/Zip _____

Signature _____ **Date** _____