

PASTORAL REFERENCE FORM (No.3)

This portion is to be completed by the applicant:

Name of Applicant _____ Age _____ years old

Zip Code -

Address _____

◇Please ask your pastor to fill out this application. This application form should be sent directly from the person who fills it out to CFNJ Bible School by post. In the case when your pastor is your close relative, please ask the assistant pastor, missionary or a pastor who knows you to fill it out.

◇INSTRUCTIONS TO THE RECOMMENDING PASTOR: The person named above is applying for admission to CFNJ Bible School. This reference is highly important for the examination for admission, so please pray about it and be frank, fair, and accurate in your remarks to review this reference, and this will be not only for the applicant but for other students. We will treat your reply as confidential. Thank you for your assistance to us and to the applicant in this matter.

1. How long have you known the applicant? What is your relationship?

2. How well do you know the applicant?

- Very close Very well (have a personal relationship)
 A little (seldom have a personal relationship) Know nothing except the name

3. Do you sense in the applicant a decision to submit his/her life to Jesus Christ?

- Yes No Unsure

4. How often has (s)he participated in activities in your church?

- Ardently (participating passionately in all activities)
 Very willing (cooperating willingly)
 Coming often to the service (But seldom participating in activities)
 Coming seldom to the service (Shows no interest in activities)

5. In what capacities has (s)he been active in your church?

6. What are his/her strengths and weaknesses? Has (s)he any significant talents or special abilities? If so, please describe them.

7. Have you noted any emotional problems or characteristics that would hinder the applicant in getting along with people? If so, please describe them.

8. Does the applicant smoke? Yes No Unsure

Does the applicant drink? Yes No Unsure

Does the applicant use drugs (narcotic/psychotropic/stimulant/chemicals/the like) Yes No Unsure

Please explain: _____

9. Do you note any problems in family environment of the applicant that would hinder the applicant in the school life of CFNJ Bible School?

10. Does the applicant meet all his/her payments when due? Yes No

11. Rate the applicant according to each category below.

Personality Traits	Excellent	Good	Avg.	OK	Inferior	No chance to observe
Reliability/responsibility						
Maturity/capability to deal with any situation						
Emotional stability/response to stress						
Depth of decision to obey Christ						
Capability of judgment/analyzing problems						
Ability to speak coherently with articulation						
Sociability/cooperativeness/unity/courtesy						
Understanding others/thoughtfulness/sensitivity						
Attitude towards work/stamina/fortitude/initiative						
Leadership/confidence						
Creativity/inquiring mind						
Personal appearance/hygiene						
Integrity/honesty/morality/character						

12. Do you recommend the applicant? Yes Questionable No

Name (please print) _____	Denomination/Church _____
Position in church <u>Pastor / Assistant Pastor / Evangelist / Missionary / Elder / other (_____)</u>	
Zip code 〒 _____ - _____	Phone (_____) _____ Fax (_____) _____
Address _____	
Signature _____	Date _____ (yy/mm/dd)

Please mail this completed form to: 〒061-3216 6-5-157 Hanakawa-kita, Ishikari, Hokkaido CFNJ Bible School Office