

Recommendation Form

Ministers - Personal - Relative's


Registered Address:

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This information should be sent directly to **cbc:** and will be highly confidential.

1. NAME OF PROSPECTIVE STUDENT

 Title: Mr Mrs Miss Rev Dr Other:

 Last Name: Maiden Name:

 First Name: Middle Name:

The above mentioned has applied for enrollment as a student at Carmel Bible College. Serious consideration will be given to your comments on this recommendation form, therefore we ask that you complete it carefully. Since we request a candid evaluation, your remarks will be held in strict confidence.

A. DETAILS OF RECOMMENDING MINISTER/FRIEND/RELATIVE

1. NAME OF RECOMMENDING PERSON

 Title: Mr Mrs Miss Rev Dr Other:

 Last Name: Maiden Name:

 First Name: Middle Name:

2. TELEPHONE NUMBERS

 HOME NO: Area Code: No:

 WORK NO: Area Code: No:

3. POSTAL ADDRESS

 Post Code:

4. RESIDENTIAL ADDRESS (IF NOT THE SAME AS ABOVE)

 Post Code:

5. CHURCH NAME

6. CHURCH ADDRESS

 Post Code:

7. POSITION IN THE CHURCH

How long have you held this position?

8. ARE YOU A GRADUATE OF cbc:?

 Yes No If 'Yes', which year?

9. STATEMENT OF FAITH? (If you are a pastor of a church, we kindly request a copy of your church's statement of faith.)

 Please indicate whether it is attached: Yes No NA

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B. EVALUATION OF APPLICANT

1. How long have you known the applicant?
2. **A: Describe your relationship:** Close Casual Distant
B: Indicate your position in this relationship: Pastor Friend Co-Worker
 Ministry Family Other Specify
3. PLEASE EVALUATE THE APPLICANTS CHARACTER AND LIFESTYLE (E=Excellent, G= Good F=Fair P=PoorU=Unknown)
- | E | G | F | P | U | | E | G | F | P | U | |
|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|------------------------------|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|--|
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Christian life and testimony | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Moral attitudes |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Honesty and integrity | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Consideration for others |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Ability to work with others | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Personal cleanliness |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Ability to Minister | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Response to authority/instruction/discipline |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Financial responsibility | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Academic ability |
4. TO YOUR KNOWLEDGE, DOES THE APPLICANT:
- Use tobacco? Yes No Unknown Drink alcoholic beverages? Yes No Unknown
Gamble? Yes No Unknown Use illegal/habit forming drugs? Yes No Unknown
5. Does the Applicant have a record of being involved in serious community disturbance? Yes No Unknown
6. **A: Briefly describe the applicants married/family life:**
- B: Briefly describe the companions the applicant usually associates with:**
7. Indicate the terms which describe the applicants attitude towards the church and it's activities:
 Warmhearted/Enthusiastic Tolerant/Passive Critical/Contemptuous
8. Is the applicant involved in active ministry? Yes No Unknown
9. Do you think the applicant is called to the five-fold ministry? Yes No Unknown
10. Do you recommend the applicant be considered for cbc:? Yes No Unknown
11. PLEASE GIVE ANY COMMENTS THAT WOULD BE HELPFUL IN EVALUATING THE APPLICANT:

 (continue on a seperate sheet if necessary)

Signature of recommending minister/friend

Date

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