



Rhema Bible Training College

P.O. Box 50126 • TULSA, OK 74150-0126 • Fax (918) 251-0685 • rbtc@rhema.org
(If sent electronically, please mail the original copy to the above address.)

APPLICANT INFORMATION

Name

LAST	FIRST	MIDDLE
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Year Applying

1st year 2nd year 3rd year 4th year

CURRENT PHONE NUMBER _____

APPLICANT: If your parent 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 Rhema 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.

EVALUATOR: Each applicant for admission to Rhema must submit three 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 the strictest confidence. Therefore, we ask that this form be mailed directly to Rhema within two weeks of your receiving it.

Applicant's Signature _____ Date / /

- How long have you known the applicant? _____ year(s) _____ month(s)
- Has your relationship been: Very close Close Casual Distant
- 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. Please list attributes that best describe the applicant's attitude toward the church and its activities.

6. From personal knowledge of the individual, would you:

- Recommend him/her as a qualified 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 two, please explain: _____

(Please complete reverse side)

7. Emotional Evaluation: Very Stable Stable Unstable Very Unstable
8. Does the applicant respond well to authority? Yes No—Please explain further in question 16.
9. The applicant's spiritual influence on others is: Positive Neutral Negative
10. With what sort of companions does he/she usually associate? _____

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

12. Please describe the applicant's home life and/or marriage. _____

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

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

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

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

17. 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.)

18. How much individual attention and/or counseling does the applicant need to maintain a victorious Christian walk?
 Applicant seems to need much individualized attention and counseling.
 Applicant seems to need a moderate amount of individualized attention and counseling.
 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:

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

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

PRINT

Your Name _____ Your Age 18–25 26–35 36–50 51 & over
 Your Phone Number () _____ Are you a Rhema graduate? _____ Year _____
 Address _____ Are you Licensed? Ordained?
 City _____ State _____ ZIP _____ Organization _____
 Position _____

Signature _____ **Date** _____