



Reference Form Christian Friend

The following individual is applying to attend Faith School of Theology. Each student is considered with great care; therefore, your honest opinion will be greatly appreciated. Your response will be kept in strict confidence. Please complete this form and return it to:

Director of Admissions, Faith School of Theology, 29 Main Road, Charleston, ME 04422.

Applicant's name: _____

Last - Surname

First - Given

Middle

Applicant's address: _____

City

State

Zip

How long have you known the applicant? _____

How well do you know the applicant? Well Rather Well Casually Name/Sight

Do you believe that the applicant is thoroughly born again? Yes No

How long has (s)he been a Christian? _____

Has (s)he ever, to your knowledge, backslidden? Yes No

How faithful is (s)he to Sunday School? Very Usually Not Faithful

How faithful is (s)he to the Sunday and midweek services? Very Usually Not Faithful

Does the applicant use alcoholic beverages? habit-forming drugs? tobacco?

What kind of reputation does the applicant have with the opposite sex? _____

Are the applicant's bills and obligations promptly met? Yes No Unknown

If known, comment briefly on the family and social background of the applicant:

(over please)

Please check the following areas which represent your opinion of the applicant's behavior and attitudes.

	Excellent	Good	Average	Poor	Very Poor
Spiritual Life	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Concern for Souls	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Industry/Motivation	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Responsibility	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Reception to Instruction	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Judgment/Common Sense	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Respect for Authority	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Financial Integrity	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Emotional Disposition	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Sociability	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Cooperation	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Concern for Others	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Personal Grooming	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Health	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

In your opinion, what are the applicant's strong points? _____

In your opinion, what are the applicant's weak points? _____

Would you be pleased to have this applicant as a teacher in your Sunday School, or as a youth leader or counselor in your church? Yes No

Do you, without mental reservation, recommend that we accept the applicant to train for the ministry?
Yes No If no, please explain. _____

Please add any further comments about the applicant which would give us a more complete picture.

Reference's Name: _____ Telephone (____) _____

Address: _____

Church: _____ City _____ State _____ Zip _____
Denomination: _____

E-mail Address _____

Signature: _____ Date: _____