

PASTOR'S RECOMMENDATION – if applicable

Note: This section must be completed by the applicant.

TO THE APPLICANT

This recommendation should be completed by your pastor and emailed directly to the Director. If your pastor is your parent, spouse, or other family member, ask another member of the church's pastoral staff to complete this form. If a person other than your pastor (assistant pastor, youth pastor or Bible study facilitator) completed the form, an explanation should be provided.

Date: _____ Phone _____

Applicant's Name _____

Present Address _____

City _____ Province _____ Postcode _____

TO THE PASTOR

The above-named individual is applying for admission to Charis Bible College Johannesburg. Serious consideration will be given to your comments. Thank you for your assistance. Once you have completed the form, please email it to: Director, Charis Bible College – Johannesburg; info@cbcjohannesburg.net

1. How long have you known the applicant? (must be six months or longer)

2. In what capacity have you known the applicant?

3. How well do you know the applicant?

- | | |
|---|---|
| <input type="checkbox"/> Very well – pastoral relationship | <input type="checkbox"/> Casually – few personal contacts |
| <input type="checkbox"/> Fairly well – numerous personal contacts | <input type="checkbox"/> By name/sight |

4. To your knowledge, has the applicant made a personal commitment to Jesus Christ?

- Yes
 No
 I don't know

5. To your knowledge, does the applicant:

- Smoke? Yes No
Drink alcohol? Yes No
Use illegal drugs? Yes No

Comments: _____

6. Which characteristic(s) best describes the applicant? Please check all that apply.

- Critical Rebellious Passive
 Enthusiastic Respectful Tolerant
 Loving Sympathetic

7. In what form of Christian service has the applicant participated regularly?

8. To what extent is the applicant engaged in the activities of your church? (Please check one.)

- Enthusiastic, deeply involved Seldom participates or attends regularly
 Cooperative, usually willing to help Attends irregularly, shows little interest

9. Please indicate what you consider to be the applicant's strengths.

10. Please indicate what you consider to be the applicant's weaknesses.

11. The applicant's influence on his or her peers is:

- Positive Negative
 Neutral I don't know

12. Please describe any home factors you're aware of that might affect the applicant's success at Charis Bible College.

13. Please evaluate the applicant in regard to the following categories (please check one).

	Excellent	Above average	Average	Below average	Poor	No chance to observe
Christian commitment	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Social adaptability	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Cooperativeness	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Integrity & honesty	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Responsibility	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Mental ability	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Physical health	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Initiative	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Christian character	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Emotional stability	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Personal appearance	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Leadership	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Reliability	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

14. Please add any further comments you may have that would help in our evaluation.

15. Please check one:

- | | |
|---|---|
| <input type="checkbox"/> I highly recommend | <input type="checkbox"/> I recommend with reservation |
| <input type="checkbox"/> I recommend | <input type="checkbox"/> I cannot recommend |

Please print (or capital block letters) the information below:

Name: _____ Phone: (____) _____

Church: _____

Address: _____

Signature: _____ Date: _____

PERSONAL RECOMMENDATION

Note: This section must be completed by the applicant.

TO THE APPLICANT

Each applicant to Charis Bible College is required to submit a personal recommendation for review by the Director. Please complete this entire section, and then give this form to the person (teacher, employer, or friend) you choose to have complete it.

Date: _____ Phone: _____

Applicant's Name: _____

Present Address: _____

City: _____ Province: _____ Postcode: _____

TO THE PERSON COMPLETING THIS RECOMMENDATION

The above-named individual is applying for admission to Charis Bible College - Johannesburg. Serious consideration will be given to your comments. Thank you for your assistance. Once you have completed the form, please email it to: Director, Charis Bible College – Johannesburg; info@cbcjohannesburg.net

1. How long have you known the applicant? (must be six months or longer)

2. In what capacity have you known the applicant?

3. What is your relationship to the applicant? (cannot be a family member)

- | | |
|--|---------------------------------|
| <input type="checkbox"/> High school teacher/counselor | <input type="checkbox"/> Friend |
| <input type="checkbox"/> College teacher/counselor | <input type="checkbox"/> Other |
| <input type="checkbox"/> Employer | |

4. How well do you know the applicant?

- | | |
|-------------------------------------|--------------------------------------|
| <input type="checkbox"/> Name/sight | <input type="checkbox"/> Fairly well |
| <input type="checkbox"/> Casually | <input type="checkbox"/> Very close |

5. To your knowledge, has the applicant made a personal commitment to Jesus Christ?

- Yes
 No
 I don't know

6. To your knowledge, does the applicant:

- | | | |
|--------------------|------------------------------|-----------------------------|
| Smoke? | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| Drink alcohol? | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| Use illegal drugs? | <input type="checkbox"/> Yes | <input type="checkbox"/> No |

Comments: _____

7. Which characteristic(s) best describes the applicant? Please check all that apply.

- | | | |
|---------------------------------------|--------------------------------------|-----------------------------------|
| <input type="checkbox"/> Critical | <input type="checkbox"/> Rebellious | <input type="checkbox"/> Passive |
| <input type="checkbox"/> Enthusiastic | <input type="checkbox"/> Respectful | <input type="checkbox"/> Tolerant |
| <input type="checkbox"/> Loving | <input type="checkbox"/> Sympathetic | |

8. To your knowledge, what Christian service is the applicant involved in (such as Sunday school teacher, youth leader, church volunteer)?

9. Please indicate what you consider to be the applicant's strengths.

10. Please indicate what you consider to be the applicant's weaknesses.

11. The applicant's influence on his or her peers is:

- Positive Negative
 Neutral I don't know

12. Please evaluate the applicant in regard to the following categories. (Please circle one.)

	Excellent	Above average	Average	Below average	Poor	No chance to observe
Christian commitment	○	○	○	○	○	○
Social adaptability	○	○	○	○	○	○
Cooperativeness	○	○	○	○	○	○
Integrity & honesty	○	○	○	○	○	○
Responsibility	○	○	○	○	○	○
Mental ability	○	○	○	○	○	○
Physical health	○	○	○	○	○	○
Initiative	○	○	○	○	○	○
Christian character	○	○	○	○	○	○
Emotional stability	○	○	○	○	○	○
Personal appearance	○	○	○	○	○	○
Leadership	○	○	○	○	○	○
Reliability	○	○	○	○	○	○

13. Please add any further comments you may have that would help in our evaluation.

14. Please check one:

- | | |
|---|---|
| <input type="checkbox"/> I highly recommend | <input type="checkbox"/> I recommend with reservation |
| <input type="checkbox"/> I recommend | <input type="checkbox"/> I cannot recommend |

Please print (or capital block letters) the information below:

Name: _____ Phone: (_____) _____

Address: _____

Signature: _____ Date: _____