

PASTOR'S REFERENCE FORM FOR CHRISTIAN STUDIES STUDENTS

**TO BE FILLED OUT BY YOUR PASTOR, ELDER OR CHURCH LEADER
WHO HAS KNOWN YOU FOR MORE THAN ONE YEAR.**

Name of Applicant: _____ Age: _____

Address: _____

TO THE APPLICANT:

This reference form should be completed by your Pastor or Church leader and posted directly by him/her to the College's address. If your parent is your pastor, please refer the form to an assistant pastor or youth pastor in your church.

TO THE PASTOR:

The above named is applying for admission to Alphacrucis. Serious consideration will be given to your comments; therefore we ask you to complete this form thoughtfully and prayerfully not only for the benefit of the applicant but also for the College. This reference will be kept in confidence. Thank you for your assistance.

1. How long have you known the applicant?
2. Are you related to the applicant?
3. How well do you know the applicant? (Please tick one)
 Name/Sight Casually Fairly Well Very Close
4. To your knowledge, has the applicant made a meaningful commitment to Jesus Christ?
 Yes No I am not sure
5. Please tick the terms which best describe the applicants attitude toward the church and it's activities.
 Warm-hearted Critical Tolerant Attends regularly
 Passive Sympathetic Contemptuous Attends irregularly
 Respectful Enthusiastic Loving Seldom participates
6. What Christian ministries or service has the applicant fulfilled if any, such as teacher, youth leader, song leader, helper etc?
7. In your opinion is ministry training appropriate for this person at this time?

8. Does the applicant have personality traits that might impair his/her relationship with others? If you answer YES then please explain.

9. How do you rate the applicant in the following areas?

	Excellent	Above Average	Average	Below Average	Poor	No Chance To Observe
Christian Commitment						
Social Adaptability						
Cooperativeness						
Integrity & Honesty						
Mental Ability						
Self Discipline						
Initiative						
Christian Character						
Emotional Stability						
Personal Appearance						
Leadership						
Reliability						

10. Further comments you have regarding the application that would help in our evaluation:

_____ I recommend _____ I recommend with reservation _____ I do not recommend

13. To your knowledge, is this person presently responsible for paying his/her bills? _____ Yes _____ No

PASTOR - PLEASE PRINT THE INFORMATION BELOW

Name: _____ Position: _____

Name of Church: _____

Address: _____

Tel: _____ Email: _____

Signature: _____ Date: _____

Please return directly to:

The Registrar, Alphacrucis
P O Box 12747, Penrose, Auckland 1642, New Zealand

Tel: +64 9 580 1500

Fax: +64 9 579 5150

Email: info@alphacrucis.ac.nz

Web: www.alphacrucis.ac.nz