



**DESTINY & DOMINION  
BIBLE TRAINING CENTER**

***Pastor's Reference:***

**TO THE APPLICANT:** This reference form should be completed by your Pastor and mailed directly by him to the Office of Administration. If your parent is your minister, please refer the form to the Assistant Pastor or Youth Pastor in your church. If a person other than your Pastor (Assistant Pastor or Youth Pastor) completes the form, an explanation should be provided.

**Name of Applicant:** \_\_\_\_\_  
Last First Middle  
**Address of Applicant:** \_\_\_\_\_  
Street City Prov. Postal Code

***I willingly waive my right of access to see this recommendation, knowing that this waiver is not required as condition for admission.***

Date: \_\_\_\_\_ Signature: \_\_\_\_\_

**TO THE PASTOR:** The above named person is applying for admission to Destiny & Dominion Bible Training Center. Serious consideration will be given to your comments; therefore we ask that you complete this form carefully. This reference will be kept in confidence. Thank you for your assistance.

1. How long have you know the applicant? \_\_\_\_\_

2. How well do you know him/her? (Check one)

- Very close Pastoral relationship       Fairly well Numerous Personal contacts       Casually Few personal contacts       By name/sight

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

- Yes       No       I don't know

4. To what extent is the applicant engaged in the activities of your church? (Check one)

- Enthusiastic; deeply involved       Cooperative; usually willing to help       Seldom participates; although attends regularly       Attends regularly; Showing little interest

5. In what form of Christian service has the applicant participated regularly? \_\_\_\_\_

\_\_\_\_\_

6. What are the applicant's strong points? (Include special abilities) \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

7. How do you rate this person in the following areas?

	Excellent	Above Average	Average	Below Average	No chance to observe
Christian Commitment					
Financial responsibility					
Initiative					
Potential leadership					
Cooperativeness					
Integrity					
Emotional stability					
Health					
Personal appearance					
Concern for others					

8. Does the applicant have personality trait, that impair his/her relationship with others?  Yes  No

\_\_\_\_\_

9. To your knowledge does the applicant smoke? \_\_\_\_\_ Drink? \_\_\_\_\_ Use illegal drugs? \_\_\_\_\_  
 Comments: \_\_\_\_\_

10. Please describe any factors, which might affect the applicant's success at Destiny & Dominion Bible Training Center.

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

11. Any further comments that you may have regarding the applicant that would help in our evaluation process.

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

I recommend       I recommend with reservation       I do not recommend

**Please print the information below:**

Name: \_\_\_\_\_ Date: \_\_\_\_\_

Name of Church and Denomination: \_\_\_\_\_

Position: \_\_\_\_\_ Phone: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ Province: \_\_\_\_\_ Postal Code: \_\_\_\_\_

Signature: \_\_\_\_\_