

Pastoral/Friend Recommendation - Basic Training

Please read and sign in this first box before distributing this form to your pastor
 I understand that this confidential statement is being submitted directly to the school office and that its contents will not be shared with me. I hereby waive my right to see the confidential information submitted on this form.

Student

Last Name - *as stated in your passport* _____ First Name - *as stated in your passport* _____

Address _____ No. _____ Phone _____

Zip _____ City _____

Date _____ Signature _____

Pastor or Leader

Last Name _____ First Name _____

Address _____ No. _____ Phone _____

Zip _____ City _____

E-Mail _____ Your age: 18-25 26-35 36-50 51 and older

1. How long have you known the student? _____ Years _____ Months

2. How is your relationship to the student? Very close Friendly Distant

3. What is your relationship to the student?
 Pastor Spiritual Leader Friend

4. How diligent is the student as a worker/volunteer?
 Very hard worker Average Don't know

5. Please evaluate the student's personal character.

	Excellent	Good	Fair	Poor	Unknown
Honesty	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Reliability	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Academic ability	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Ability to work with others	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Moral & character	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Acceptance of correction & discipline	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

6. The student's spiritual influence on others is:
 Positive Neutral Negative

7. With what sort of companions does the student usually associate?

8. As far as you know, is the student's behavior morally questionable? No Yes -Please explain

9. Please describe the lifestyle of the student:

10. Have you noticed a physical weakness or emotional problems that would hinder the student in an academic environment?

11. What do you consider to be the student's strong and weak points?

12. If the person is married, is their spouse positive towards him/her attending RBTC?

13. Would you recommend this student to attend RBTC?

- I highly recommend the applicant I recommend the applicant
 With slight reservation Unable to recommend

If you checked any of the last two choices, please explain:

14. You may share with us, on another piece of paper, information about the student that would help us to evaluate him/her. This information can be from a recent experience, from the life of the student, or your personal observation.

I agree the above information I am providing on this form is true.

Date

Signature

Please email this form to info@rhema.no or send to: Rhema Norway – Postbox 63, 5293 Lonevåg.