



## 1 To Be Completed By Applicant

Applicant: Complete Part 1 and then give this form to a person you consider to be a spiritual advisor, who will then complete part II. The spiritual advisor should then mail this form directly to the Mount Carmel Registrar.

### Applicant's Name

Surname
First Name and Middle Initial

I hereby voluntarily waive my right of access to any information contained in this Reference Form and agree that the statements shall remain confidential.

Applicant Signature \_\_\_\_\_ Date \_\_\_\_\_

## 2 To Be Completed By Spiritual Advisor

The applicant named above has applied for admission to Mount Carmel and we would like you to provide us with a reference. We would be grateful if you could return the completed form as soon as possible. Please be open and honest as that will help us in making a proper decision regarding admission. All information is held in confidence by the admissions committee. If more space is needed, please use additional sheets of paper.

Please mail directly to the Mount Carmel Registrar.

### Background

How long and in what context have you known the applicant?

Why do you value knowing this person?

### Social Setting

Please describe the applicant's social life.

How does this person function in a group setting? (i.e.. Is s/he a leader, good follower, cooperative etc?)

What is your perspective on the applicant's conduct with the opposite sex?

How well does this person relate to people in authority?

Describe the applicant's family dynamics and background.

### Spiritual Background

Who has been influential in this person's spiritual life?

Describe where this person is at in their spiritual journey.

**Spiritual Background Cont.**

How has this person been involved in their church and for how long?

What is your sense of the applicant's spiritual giftedness and skills?

Is or has this person been involved in any ministries outside of the church context? How long have they been involved?

Describe the applicants level of commitment to serving others.

What are his or her strengths? Please explain.

Do you know of any weaknesses for this person? Please explain.

**Additional Comments**

Do you have any further comments which would help us evaluate this person's application?

**3 Spiritual Advisor**

Name	
Number / Street	
Town / City	Province / State
Postal Code	Country

Church	
Phone	Work Phone
Fax	
Email Address (only if checked regularly)	

**Please Choose**

I do recommend the applicant to Mount Carmel.  
 I would prefer not to recommend the applicant.

**Please mail completed form directly to**

The Registrar  
Mount Carmel Bible School  
4725 - 106 Avenue  
Edmonton AB Canada  
T6A 1E7

Reference Signature	Date
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