THE HOUSE MONISTRUES



Reference Questionnaire

STUDENTS NAME.					
to The House Minist comments. We appr	ries School of eciate your he ou for your as:	commendation: The above named is applying for adm Supernatural. Serious consideration will be given to elp in this matter and will keep any information you su sistance. Once completed, please email, mail or fax	your ipply in		
How long have you	ı known the a	ipplicant?			
In what capacity? _					
How well do you kr	now him/her?	Please check one.			
Very well	Fairly well				
Casually	By name/sight				
To your knowledge	, has the app	olicant made a personal commitment to Jesus Ch	rist?		
YES NO	UNSURE				
To your knowledge	e, does the ap	pplicant:			
Use Tobacco	YES	NO			
Drink	YES	NO			
Use Illegal drugs	YES	NO			

School Teacher, Youth Lead		articipated regularly (Sunday ?
What do you consider to be	the applicant's strengths	6?
Do you know of any weakne	esses of which we should	be aware?
Which characteristics best (describe the applicant? P	lease check all that apply
WarmheartedCr	iticalTolerant	tPassive
SympatheticRe	ebelliousRespect	tfulEnthusiastic
LovingTe	eachableOn Fire	for Jesus Christ
Please evaluate the applicate category from a 1 (excellent that specific area.	nt in regard to the following to 5 (poor) and 6 if there	ng categories. Please rate each e has been no chance to observe
Christian Commitment	Social Adaptability	Cooperativeness
Integrity and Honesty	Responsibility	Mental Ability
Physical Health	Initiative	Christian Character
Emotional Stability	Leadership	Reliability
Personal Appearance		

Please print or type the information below: Your Name: Phone: (____) Address: City: ______ Province _____ Postal Code: _____ Signature: ______ Date: _____ Please return this to: **The House Ministries** PHONE: (780) 662-3415 **School of Supernatural** FAX: (780) 662-3499 Box 930 Tofield, AB

T0B 4J0

EMAIL:

admin@thehouseministries.com