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**CONFIDENTIAL RECOMMENDATION FROM PASTOR
JOY BIBLE INSTITUTE**

P. O. Box 808 • Port Vila, Vanuatu

(Please Print)

Name of Applicant _____
Family First Middle

Mailing Address _____

The person named above is applying for admission to Joy Bible Institute, Port Vila, Vanuatu. Serious consideration is given to your recommendation; therefore, your assistance in completing this form will be greatly appreciated. **All information provided on this form will be held in confidence. We request that you mail this recommendation directly to Admissions, Joy Bible Institute, P. O. Box 808, Port Vila, Vanuatu.**

TO BE FILLED OUT BY THE PASTOR

1. How long have you know the applicant? _____

2. How well do you know the applicant? (PLEASE CHECK APPROPRIATE RESPONSE.)

- Only by name and sight.
- Not very well: I have had a few personal contacts.
- Fairly well: I have had a number of personal contacts.
- Very well: I have a close pastoral relationship with the applicant.

3. To the best of your knowledge has the applicant made a personal commitment to Jesus Christ? **Yes** **No** **I don't know**

4. How active is the applicant in the activities of your church?

- Irregular attendance-shows little interest
- Attends regularly, but does not participate in activities too much.
- Attends regularly, is cooperative and willing to help.
- Attends regularly, enthusiastically engages in activities.

5. How would you rate the applicant's spiritual influence on other young people?

- Outstanding** **Above average** **Average** **Below Average**

6. How would you rate this applicant in comparing him/her with other young people in the following areas?

Leadership: **Outstanding** **Above average** **Average** **Below Average**

Responsibility: **Outstanding** **Above average** **Average** **Below Average**

Loyalty to Church: **Outstanding** **Above average** **Average** **Below Average**

7. What type of ministry or Christian service has the applicant been engaged in? (Sunday school, choir or other)

8. Has the applicant's life and testimony been such that you would place full confidence in him/her?

Yes **No** (If No, please explain) _____

9. Does the applicant use any of the following?

- Smoke or use Tobacco**
- Kava**
- Drugs**
- Alcoholic Beverages**

10. Are there personality traits that would hurt this applicant's relationship with others?

11. Describe any home factors, which might affect the applicant's success. Please state both positive and negative factors.

12. Would you consider the applicant emotionally qualified for full time Christian service or ministry?

Explain: _____

13. If applicant is married, please comment on both positive as well as negative factors that might affect the applicant's success:

14. I recommend this applicant

I do not recommend this applicant. Please explain why: _____

15. Please add any further comments that you think would be helpful in our evaluation of this applicant.

Your Name: _____ **Date:** _____

Position: _____ **Telephone No.** _____

Address: _____

City: _____ **Village:** _____ **Province:** _____

Smol Tok Save: i mo gud sipos yu sanem pepa ia i kam stret long mifala, blong man we i aplae i no save lukum ol ansa blong yu. Adres blong mifala, P.O. Box 808, Port Vila, Vanuatu. Yu mas sanem kwiktaem from we mifala no save approvem student blong kam sipos mifala i nogat approval blong yu. Tangkiu tumas blong help blong yu.