



CAMEROON BAPTIST THEOLOGICAL SEMINARY

P.O. Box 44, Ndu, Donga Mantung Division
NW Region, Republic of Cameroon

PASTOR PRIVATE RECOMMENDATION FORM

Instructions: *If the applicant is the Pastor, please have the Association pastor fill out this form. If the church has no pastor the Church Chairman should complete the form. Please place it in an envelope and deliver to CBTS. The applicant should not see this recommendation after you have completed it.*

Today's Date: ____ / ____ / ____

Applicant's Name as it appears on National ID Card: _____

Program: *(circle one)* WMD CTh Dth Bth Summer School

Name and address of church: _____

Field: _____ Association: _____

1. Do you think the applicant is called into Christian ministry? If so, name specific ways it has been shown.
2. Does the applicant have any moral problems (alcoholism, fornication, polygamy, divorce...) that would keep him from being a Christian leader? If yes, please explain.
3. Has the applicant been a faithful worker in your church? What types of service and for what length of time?
4. Do you think the applicant could become a good pastor or Christian leader if properly trained?
5. Would you be willing to work with the applicant during holidays to give practical experience in home visitation, witnessing, etc.?
6. Name specific areas of weaknesses in Christian experience that CBTS staff should help the applicant to correct.

Name specific spiritual gifts or strengths that the student might use to enrich the spiritual life of CBTS campus.
7. Will your church help to sponsor the applicant to CBTS? If yes, how much each year?

SUMMARY: I recommend this applicant to CBTS in the following way: (tick one)

____ I feel the applicant should be accepted

____ I feel the applicant should be accepted, but has a problem that needs attention

____ I DO NOT think the applicant should be accepted and DO NOT recommend him/her

Name of Pastor: _____ Signature: _____

Please use the back of this form if you need more space to write an answer.