



KAINOS BIBLE COLLEGE

#20 KJ St. cor. K-8th St. Brgy. East Kamias, Quezon City
(02) 435-1189
kainosbiblecollege.com

Pastor's Recommendation Form

Date: _____ Active contact number: _____

Applicant's Name: _____

Current church/denomination name: _____

TO THE PERSON COMPLETING THIS RECOMMENDATION: The above-named individual is applying for admission to KAINOS BIBLE COLLEGE. Please be informed that a serious consideration will be given to your comments.

***Waiver of Confidentiality Statement:** I, the undersigned, hereby voluntarily waive the right or privilege to inspect or challenge the content and comments expressed in this reference. I expect that the observations made shall remain confidential between the referee and the KAINOS BIBLE COLLEGE.

Applicant's Signature over printed name

Date

CONFIDENTIAL:

1. How long have you known the applicant? _____

2. Is he or she an active member in your church? In what capacity? _____

3. What spiritual gifts and/or special abilities has this person demonstrated? _____

4. How well do you know the applicant?

Name/sight Casually Fairly well Very close



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Which characteristic(s) best describes the applicant? Please check what applies.

A. Teachability

- Outstanding
- Learns readily
- Slow but retains well
- Repeated instruction necessary
- Not Observed

B. Integrity

- Consistently reliable
- Conscientious / Dependable
- Questionable at times
- Not dependable
- Not observed

C. Judgment

- Exceptionally discerning
- Uses sound judgment
- Impulsive
- Difficulty in making decision
- Not observed

D. Leadership

- Judgment respected
- Contributes in important affairs
- Usually a follower
- Generally passive
- Not observed

E. Communication

- Expresses ideas clearly
- Usually clear
- Occasionally misunderstood
- Unable to communicate clearly
- Not observed

F. Social Acceptability

- Sought by others, relates very well
- Liked, usually relates well
- Tolerated by others
- Not accepted by others
- Not observed

5. Please indicate the applicant's strengths.

6. Please indicate the applicant's weaknesses.

7. The applicant's influence on his or her peers is:

- positive negative neutral I don't know



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Kindly evaluate the applicant based on the following categories: (Please choose one)

1 – Excellent / 2 - Above Average / 3 – Average / 4- Below Average / 5- Poor / 6 - No Chance to Observe

Christian commitment	1	2	3	4	5	6
Cooperativeness	1	2	3	4	5	6
Responsibility	1	2	3	4	5	6
Mental ability	1	2	3	4	5	6
Physical health	1	2	3	4	5	6
Initiative	1	2	3	4	5	6
Christian character	1	2	3	4	5	6
Emotional stability	1	2	3	4	5	6
Personal appearance	1	2	3	4	5	6

You can add any further comments about the applicant which you think would help us in our evaluation.

Please Check One:

- I *highly* recommend I recommend
 I recommend *with* reservation I *cannot* recommend

Referee's Information:

Name: _____

Active Contact Number: _____

Present Address _____

Signature of Referee _____ Date: _____

For further clarifications and concerns, please contact the Registrar's office:
(02) 435-11-89