



# Application for Admission to Extension Campuses

Please check the campus that you are applying for:

- Santiago, Chile
- El Secreto, Colombia
- Golden Springs, Diamond Bar, Ca.

**This information, as with all of the application, will be held in strict confidence.** This will not necessarily disqualify you from being accepted, however, any misleading or withheld information may lead to automatic disqualification. Please also note that your application will not be processed until the application fee is received.

Complete all parts of this application in clear penmanship with blue or black ink. Collect all the following documents to be included in your completed application package.

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| <input type="checkbox"/> Signed & Dated Application Form                               | <input type="checkbox"/> Signed and Dated Statement of Faith                                       |
| <input type="checkbox"/> 3 signed & sealed Reference Forms (One pastoral)              | <input type="checkbox"/> Liability Waiver Form ( <b>Colombia and Chile only</b> )                  |
| <input type="checkbox"/> Copy of High School Diploma, GED, California Proficiency Exam | <input type="checkbox"/> Copy of Passport & Visa Information ( <b>Colombia and Chile only</b> )    |
| <input type="checkbox"/> Official College Transcripts (if applicable)                  | <input type="checkbox"/> Return complete Application to CC Golden Spring (Bible College Secretary) |
| <input type="checkbox"/> Wallet-size Photograph  |  |
| <input type="checkbox"/> CCBC Extension Campus Transcripts (if applicable)             |  |

## GENERAL INFORMATION

Last Name: \_\_\_\_\_ First: \_\_\_\_\_ Middle: \_\_\_\_\_

Social Security #: \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_ Date of Birth: (DD/MM/YYYY) \_\_\_\_/\_\_\_\_/\_\_\_\_

Age: \_\_\_\_\_ Gender: \_\_\_\_\_ Male: \_\_\_\_\_ Female: \_\_\_\_\_ Trade or Occupation: \_\_\_\_\_

Marital Status: Single: \_\_\_\_\_ Married: \_\_\_\_\_ Divorced: \_\_\_\_\_ Engaged: \_\_\_\_\_ Re-married: \_\_\_\_\_

If married, name of spouse: \_\_\_\_\_ How long have you been married? \_\_\_\_\_

Children? (Name(s) & Age(s): \_\_\_\_\_

Current Address (Street & Box No): \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Home Phone #: \_\_\_\_\_ Work Phone #: \_\_\_\_\_

Cell Phone #: \_\_\_\_\_ E-mail Address: \_\_\_\_\_

Permanent Address (if different from current address): \_\_\_\_\_

Country of Birth: \_\_\_\_\_ Citizenship: \_\_\_\_\_

## EDUCATIONAL INFORMATION

*Please list all schools attended from High School to present:*

Name of Institution                      Dates of Attendance                      Degree/Diploma                      Major/Minor

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## ENROLLMENT INFORMATION

*For which semester do you plan to attend? (Please check one)*

Fall Semester Year: \_\_\_\_\_ Spring Semester Year: \_\_\_\_\_

What semester will you be in?    1<sup>st</sup> \_\_\_\_\_ 2<sup>nd</sup> \_\_\_\_\_ 3<sup>rd</sup> \_\_\_\_\_ 4<sup>th</sup> \_\_\_\_\_

*For which of the following are you applying? (Please check one)*

On-Campus Full Time (minimum 17 credits) \_\_\_\_\_ Off-Campus Full Time (minimum 15 credits) \_\_\_\_\_

*For which program of study are you applying? (Please check one)*

Degree - Associate of Theology \_\_\_\_\_ Degree - Bachelor of Biblical Studies \_\_\_\_\_  
(Please submit evidence of Associate of Arts Degree in General Education)

*For which program of study are you applying? (Please check one)*

Non-Degree-Certificate of Completion (credit/no credit) \_\_\_\_\_ Non-Degree-Audit \_\_\_\_\_

## EMERGENCY CONTACT INFORMATION

**Contact #1** (Please indicate relationship)    Father: \_\_\_\_\_ Mother: \_\_\_\_\_ Guardian: \_\_\_\_\_ Spouse: \_\_\_\_\_

Cell Phone #: \_\_\_\_\_ Work Phone #: \_\_\_\_\_

Full Name: First: \_\_\_\_\_ Last: \_\_\_\_\_

**Contact #2** (Please indicate relationship)    Father: \_\_\_\_\_ Mother: \_\_\_\_\_ Guardian: \_\_\_\_\_ Spouse: \_\_\_\_\_

Cell Phone #: \_\_\_\_\_ Work Phone #: \_\_\_\_\_

Full Name: First: \_\_\_\_\_ Last: \_\_\_\_\_

*If your parents are divorced or separated, with whom do you live?*    Father: \_\_\_\_\_ Mother: \_\_\_\_\_ Guardian: \_\_\_\_\_

**LIFE PROFILE**

*Are you a smoker or do you use tobacco products?* Yes \_\_\_\_\_ No \_\_\_\_\_

*Do you drink alcoholic beverages?* No \_\_\_\_\_ Recovering \_\_\_\_\_ Occasionally \_\_\_\_\_ Often \_\_\_\_\_

*Have you ever or are you currently using any illegal drugs?* Yes \_\_\_\_\_ No \_\_\_\_\_

If yes, please explain including dates: \_\_\_\_\_  
\_\_\_\_\_

*Have you ever participated in a rehab program such as U-Turn or Teen Challenge?* Yes \_\_\_\_\_ No \_\_\_\_\_

If yes, please explain including dates: \_\_\_\_\_  
\_\_\_\_\_

*Have you ever been involved in legal problems?* Yes \_\_\_\_\_ No \_\_\_\_\_

If yes, please explain including dates: \_\_\_\_\_  
\_\_\_\_\_

*Have you ever been convicted of a felony?* Yes \_\_\_\_\_ No \_\_\_\_\_

If yes, please explain including dates: \_\_\_\_\_  
\_\_\_\_\_

*Have you a personal history of violence or abuse towards others, or sexual immorality?* Yes \_\_\_\_\_ No \_\_\_\_\_

If yes, please explain including dates: \_\_\_\_\_  
\_\_\_\_\_

*Is there any habitual sin in your life?* Yes \_\_\_\_\_ No \_\_\_\_\_

If yes, please explain including dates: \_\_\_\_\_  
\_\_\_\_\_

**SPIRITUAL LIFE PROFILE**

1. Please describe your current relationship with the Lord in terms of your devotional and prayer life.

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2. Where do you attend Church? How long have you been part of this fellowship?

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3. What is your current church involvement?

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4. Why do you desire to attend Calvary Chapel Bible College, and how do you see it enhancing your present spiritual life and future ministry plans?

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5. Please list the three Christian preachers/teachers who have most influenced your life.

1) \_\_\_\_\_ 2) \_\_\_\_\_ 3) \_\_\_\_\_

6. Please list three Christian books (other than the Bible) that have most influenced your life. Provide both author and title.

1) Title: \_\_\_\_\_ Author: \_\_\_\_\_  
2) Title: \_\_\_\_\_ Author: \_\_\_\_\_  
3) Title: \_\_\_\_\_ Author: \_\_\_\_\_



**PERSONAL PROFILE SKETCH**

**Describe your:**

1) Personality \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

2) Relationships with others \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**List and describe your:**

1) Personal Strengths \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

2) Weaknesses \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

3) Spiritual Gifts \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**List and describe your:**

1) Talents \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

2) Hobbies \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

3) Interests \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

5) Do you play an instrument? If yes, what do you play? \_\_\_\_\_

6) Do you speak Spanish? \_\_\_\_\_

7) What are your interests in ministry and experience? \_\_\_\_\_

## STATEMENT OF FAITH

Please write a brief but concise statement of your belief regarding the following ten topics:

1) God

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2) Salvation

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3) Jesus Christ

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4) Baptism of the Holy Spirit (not Water Baptism)

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5) Holy Spirit

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6) Eschatology (End Time Events)

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7) Sin

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8) Rapture

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9) The Bible

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10) Eternal Security

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**MEDICAL INFORMATION**

*Are you currently on medication or under a physician's care for physical issues?* Yes \_\_\_\_\_ No \_\_\_\_\_

If yes, please explain: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

*Please provide Physician's name and contact information as well as medication(s) below:*

Name: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Phone #: \_\_\_\_\_ Fax #: \_\_\_\_\_

Medication (s): \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

*Have you been hospitalized or admitted to a treatment facility for any reason?* Yes \_\_\_\_\_ No \_\_\_\_\_

If yes, please explain including dates: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

*Have you been, or are presently dealing with an eating disorder?* Yes \_\_\_\_\_ No \_\_\_\_\_

If yes, please explain including dates: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

*Have you been, or are presently under psychiatric or psychological care?* Yes \_\_\_\_\_ No \_\_\_\_\_

If yes, please explain including dates: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

*Are you under a doctor's care for either mental or emotional issues?* Yes \_\_\_\_\_ No \_\_\_\_\_

Physician \_\_\_\_\_ Psychiatrist \_\_\_\_\_ Psychologist \_\_\_\_\_ Counselor \_\_\_\_\_

Name: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Phone #: \_\_\_\_\_ Fax #: \_\_\_\_\_

Medication (s): \_\_\_\_\_  
\_\_\_\_\_

**MEDICAL INFORMATION (FOR EMERGENCY USE ONLY)**

**This section to be completed by all Colombia and Chile Applicants:**

Calvary Chapel Bible College requires that every student, who will be classified as a full time on campus student, have a Health Insurance Policy through any term Health Insurance Provider. A health insurance policy can be obtained through The American College Student Association, [www.acsa.com](http://www.acsa.com).

**Health Insurance Information**

Company Name: \_\_\_\_\_ Name of Insured: \_\_\_\_\_

Policy #: \_\_\_\_\_ Contact Phone #: \_\_\_\_\_ Start Date: \_\_\_\_\_ Expiration Date: \_\_\_\_\_

**Current Health Information**

*Are you in good health?* Yes \_\_\_\_\_ No \_\_\_\_\_ *Do you have any physical handicaps?* Yes \_\_\_\_\_ No \_\_\_\_\_

When was your last complete physical examination: \_\_\_\_\_

List any major illnesses you have had: \_\_\_\_\_

\_\_\_\_\_

*Do you have any physical handicaps?* Yes \_\_\_\_\_ No \_\_\_\_\_

*Do you have any communicable diseases?* Yes \_\_\_\_\_ No \_\_\_\_\_

*Are you currently taking any prescription drugs?* Yes \_\_\_\_\_ No \_\_\_\_\_

If yes, please list what you are taking: \_\_\_\_\_

Please place a check beside any known medical conditions and explain on lines provided below:

Allergy- Bee Sting \_\_\_\_\_ Allergy – Food \_\_\_\_\_ Allergy – Medications \_\_\_\_\_ Asthma \_\_\_\_\_

Asthma - On Medications \_\_\_\_\_ Eating Disorder \_\_\_\_\_ Epilepsy/Seizures \_\_\_\_\_ Glasses/contact lenses \_\_\_\_\_

Hearing Aid used \_\_\_\_\_ Hearing Loss \_\_\_\_\_ Blood Disorder \_\_\_\_\_ Cancer/Leukemia \_\_\_\_\_

Cerebral Palsy \_\_\_\_\_ Color Blindness \_\_\_\_\_ Diabetic \_\_\_\_\_ Partially-sighted \_\_\_\_\_

Speech problems \_\_\_\_\_ Heart Problems \_\_\_\_\_ Other \_\_\_\_\_

No Known Health Problems \_\_\_\_\_

Details & Explanations: \_\_\_\_\_

\_\_\_\_\_

## REFERENCES

Three references are required for inclusion in your application package using the provided Reference Form. References should be obtained from individuals who have known you well for at least one year. Please have your pastor or another leader in your church complete one Reference Form. Also two other individuals who are *not* related to you by blood or marriage should complete a Reference Form each. All three references should be returned to you in signed and sealed envelopes. Please include all three signed and sealed references in your application package.

## TERMS AND CONDITIONS OF ENROLLMENT

Read the following terms and conditions of enrollment, initial each section and sign and date the bottom of the page.

### **M199 Practical Christian Ministry**

I hereby understand that all students must enroll in four semesters of Practical Christian Ministry (M199). Each student serves weekly in a practical area of service. On Campus students serve an average of 8 hours per week..

Initials: \_\_\_\_\_

I understand that my tuition and fees must be paid in full, one week before the semester begins.

Initials: \_\_\_\_\_

### **Liability Waiver and Damages Responsibility**

During my attendance at the college, I acknowledge, agree and understand to the waiver of liability as against the college and the facility upon which it operates as set forth in the liability waiver required for enrollment. I will assume all risks, I further agree to hold harmless Calvary Chapel Costa Mesa Inc.; and have been informed that I am responsible of all costs of Injuries and damages.

Initials: \_\_\_\_\_

### **Policies and Procedures**

I have received, read, understand and agree to be subject to the policies and procedures of the Student Catalog and Application.

Initials: \_\_\_\_\_

### **Financial Responsibility (Colombia and Chile Applicants)**

I understand that a \$700 (non-refundable) deposit is due to hold my reservation and is to confirm my intentions. (This deposit is put toward the total tuition cost).

Initials: \_\_\_\_\_

*I hereby make application to Calvary Chapel Bible College. I understand my responsibility for punctual, regular class attendance and the fulfillment of all classroom assignments. I will also cooperate in observing all regulations and upholding the standards of the college.*

Signature: \_\_\_\_\_

Date: \_\_\_\_\_

*Calvary Chapel Bible College does not discriminate on the basis of race, gender, ethnic background, native language, nationality or physical disability. CCBC is a ministry of Calvary Chapel Golden Springs, and is an extension campus from Murrieta, and gives priority to members of Calvary Chapel churches for admission.*



# Liability Waiver & Damages Responsibility Document (Chile and Colombia Applicants)

Calvary Chapel Bible College is a ministry of Calvary Chapel Golden Springs, and is operated by the church with the desire to provide the most affordable cost to students who wish to attend the college. Toward that end, the room and board and tuition costs to the student are substantially less than the actual cost to the college. Therefore, in consideration of this discount in tuition from actual costs, the college does not and cannot afford to provide liability and medical insurance coverage for students attending it and the applicant, regardless of the fault of the college or not. By execution of this application and placing your **initials below** and submittal of the application, I acknowledge, agree and understand to the waiver of liability as against the college and the facility upon which it operates as set forth below.

\_\_\_\_\_ Initial

I understand that during my attendance at the college, I may be exposed to a variety of hazards and risks, foreseen or unforeseen, which are inherent in this curricular activity. These risks include, but are not limited to personal injury (serious or otherwise), property damage and death ("Injuries and Damages") from such curricular participation.

**I assume all risks inherent and occurring, whether foreseen or unforeseen, in participating in such activity as involving Calvary Chapel of Costa Mesa, Inc. or Calvary Chapel Golden Springs and waive all liability against it in making the decision to be included in such curricular activity and being allowed use of the Calvary Chapel facilities (including but not limited to all rooms, open areas and parking lot, fields, dorm rooms and otherwise) for such activity. This waiver is intended by the parties to be as broad and inclusive as permitted by law. To the fullest extent by law, I also waive, discharge claims and release for liability Calvary Chapel of Costa Mesa, Inc. or Calvary Chapel Golden Springs, its officers, directors, employees, agents, and leaders from any and all liability on account of, or in any way resulting from Injuries and Damages, even if caused by the negligence of Calvary Chapel of Costa Mesa, Inc. or Calvary Chapel Golden Springs, its officers, directors, employees, agents, and leaders.**

I further agree to hold harmless Calvary Chapel of Costa Mesa, Inc. and Calvary Chapel Golden Springs, its officers, directors, employees, agents, and leaders from any claims, damages, injuries or losses of any kind or nature whatsoever caused by my own negligence while participating in such curricular activity. I understand and intend that this assumption of risk, waiver and release be binding upon my heirs, executors, administrators and assigns, and includes any minors accompanying me during such curricular activity.

I have been informed that I need to provide my own coverage for medical and premises liability insurance and, that if I can not insure myself, I, alone, am responsible for all costs for Injuries and Damages. In addition, I have been informed by the college that it has offered me information on a plan of insurance.

Initial below indicating you **have insurance** and attach a copy of the proof of insurance to this form.

\_\_\_\_\_ Initial

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Print (Last name): \_\_\_\_\_ (First name): \_\_\_\_\_



## STATEMENT OF FAITH

Calvary Chapel has been formed as a fellowship of believers in the Lordship of Jesus Christ. Our supreme desire is to know Christ and be conformed to His image by the power of the Holy Spirit. We are not a denominational church, nor are we opposed to denominations as such, only to their over-emphasis of the doctrinal differences that have led to the division of the Body of Christ.

**We believe** the only true basis of Christian fellowship is Christ's (Agape) love, which is greater than any differences we possess, and without which we have no right to claim ourselves Christians.

**We believe** worship of God should be inspirational. Therefore, we give great place to music in our worship.

**We believe** worship of God should be intelligent. Therefore, our services are designed with great emphasis upon the teaching of the Word of God that He might instruct us how He should be worshipped.

**We believe** worship of God should be fruitful. Therefore, we look for His love in our lives as the supreme manifestation that we have been truly worshipping Him.

**We believe** in the inerrancy of Scripture, that the Bible, Old and New Testaments, in the original autographs, is the inspired, infallible Word of God, a complete and final written revelation of God.

**We believe** in one personal, transcendent, and Holy God, the Creator of all, Who is eternal, and Who manifests Himself in three separate persons: Father, Son and Holy Spirit.

**We believe** that Jesus Christ, though fully God, became a man for the suffering of death, that He is the promised Messiah, born of a virgin, lived a sinless life, provided for the atonement of our sins by His vicarious death on the Cross, was bodily resurrected by the Power of the Holy Spirit, ascended back to the right hand of God the Father, and ever lives to make intercession for us.

**After Jesus ascended to Heaven,** He poured out his Holy Spirit on the believers in Jerusalem, enabling them to fulfill His command to preach the Gospel to the entire world, an obligation shared by all believers today.

**We believe** that all people are by nature separated from God and responsible for their own sin, but that salvation, redemption, and forgiveness are freely offered to all by the grace of our Lord Jesus Christ. When a person repents of sin and accepts Jesus Christ as personal Savior and Lord, trusting Him to save, that person is immediately born again and sealed by the Holy Spirit, all sins are forgiven, and that person becomes a child of God.

**We believe** in the Person and work of the Holy Spirit who indwells, seals and empowers every believer, baptizing them into the Body of Christ. We further believe that the Holy Spirit will come upon any believer who asks in faith, enabling him/her to preach the Gospel in power. We also believe all of the gifts of the Holy Spirit mentioned in the Scriptures are valid for today if they are exercised within the scriptural guidelines. We believe that love is more important than all the gifts, and without this love all exercise of spiritual gifts is worthless.

**We believe** Jesus Christ is the Head of the Body, His church, and the church government should be simplistic rather than a complex bureaucracy. We desire to be lead by the Holy Spirit in all the functions and directions of the ministry of the church.

**We await** the pre-tribulation rapture of the church, and we believe that the second coming of Christ with His saints to rule on the earth will be personal, pre-millennial, and visible. This motivates us to holy living, heartfelt worship, committed service, diligent study of God's Word, regular fellowship, and participation in baptism by immersion and in Holy Communion.

**We seek** to teach the Word of God in such a way that its message can be applied to an individual's life, leading that person to greater maturity in Christ.

**We reject** doctrinal viewpoints or spiritual phenomena which are based solely on experience. We look to the Word of God for the basis of all our faith and practice.

**We believe** in a personal devil called Satan who, along with all his evil angels, called demons, is destined to spend eternity in hell, and who now seeks to deceive the believers and defeat the work of God, but who can be resisted by believers who are in-dwelt by the Holy Spirit, protected by God, and interceded for by Jesus Christ our Lord.

**We believe** that the nation of Israel has a special place in God's plan and that all the promises of God to Israel will be fulfilled.

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



## Reference Form

Calvary Chapel Bible College – Golden Springs Extension Campuses  
22324 Golden Springs Drive, Diamond Bar, CA 91765, 909.396.1884

### DIRECTIONS FOR THE APPLICANT

*This information, as with all of the application, will be held in strict confidence.  
Collect all the following documents to be included in your completed application package.*

Have all three of the reference forms **returned to you** in signed and sealed envelopes.  
References must be individuals who have known you well for at least one year.  
One reference must be **your pastor** or another leader in your church.  
Individuals who are related to you by blood or marriage should not be references.

Full Name: *Last:* \_\_\_\_\_ *First:* \_\_\_\_\_ *Middle:* \_\_\_\_\_

Applicant Signature: \_\_\_\_\_

*The Family Education Rights and Privacy Act of 1974 permits students the right to inspect their files. Because of the importance of preserving the confidentiality of a reference, the Act permits an applicant to waive his right of access to the reference. By signing above, the applicant willingly waives his/her right of access to see this reference, knowing that this waiver is NOT required as a condition of admission.*

### DIRECTIONS FOR THE REFERENCE

The above-named applicant has applied for acceptance to Calvary Chapel Bible College and has named you as a reference. Your reference contributes to the decision made by our staff regarding this applicant. Therefore, please be thorough and timely in your response.

**Please return this form directly to the applicant in a signed and sealed envelope.**

*Print Name:* \_\_\_\_\_

*Address:* \_\_\_\_\_

*Signature:* \_\_\_\_\_ *Date:* \_\_\_\_\_

*Position:* \_\_\_\_\_ *Telephone No:* \_\_\_\_\_

*City:* \_\_\_\_\_ *State:* \_\_\_\_\_ *Zip:* \_\_\_\_\_

*Organization or Church to which you belong:* \_\_\_\_\_

1. *How long have you known the applicant?* \_\_\_\_\_
2. *In what capacity have you known the applicant?* \_\_\_\_\_
3. *How long has the applicant been an active Christian?* \_\_\_\_\_
4. *Describe the evidences you see in the applicant's life that demonstrate his or her commitment to follow Christ.* \_\_\_\_\_

5. Please circle the appropriate number on the following questions. Use the “?” if you feel your knowledge of the applicant is insufficient in that particular area.

***Responsibility – Ability to faithfully assume and carry out duties or obligations.***

?	1	2	3	4	5	6
Unknown	Not Responsible	Somewhat	Responsible	Responsible		

***Adaptability – Ability to adjust to changes in circumstances.***

?	1	2	3	4	5	6
Unknown	Difficult	Moderate Ability	Adapts Well			

***Perseverance – Ability to move ahead in the face of adversity***

?	1	2	3	4	5	6
Unknown	Doesn't Persevere	Average	Communicates Well			

***Decisiveness – Ability to synthesize information and choose a direction***

?	1	2	3	4	5	6
Unknown	Very Indecisive	Somewhat Indecisive	Decisive	Very Decisive		

***Communication – Ability to present, evaluate and exchange thoughts with clarity and logic***

?	1	2	3	4	5	6
Unknown	Poor	Fair	Good	Outstanding		

***Church Involvement – Relationship with a local church***

?	1	2	3	4	5	6
Unknown	Infrequent	Active	Demonstrated Stability			

***Spiritual Maturity – Demonstrates holiness, maturity and consistency.***

?	1	2	3	4	5	6
Unknown	Immature	Growing	Consistent Growth			

***Personal Ministry – Active, positive influence on others for Christ on a personal basis***

?	1	2	3	4	5	6
Unknown	Doesn't Conduct	Limited	Active	Exceptionally		

***Cooperation/Teamwork – Ability to work with other people***

?	1	2	3	4	5	6
Unknown	Almost unable	Some Difficulty	Works Well	Extremely Effective		

***Emotional Stability – Response to stressful situation***

?	1	2	3	4	5	6
Unknown	Much Difficulty	Some	Handles well	Exceptional		

6. Please include information which could be helpful in the consideration of this applicant.

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7. Do you have any reservations about this applicant? If so, what are they?

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Please complete and return this form back to the student in a signed and sealed envelope.



## Reference Form

Calvary Chapel Bible College – Golden Springs Extension Campuses  
22324 Golden Springs Drive, Diamond Bar, CA 91765, 909.396.1884

### DIRECTIONS FOR THE APPLICANT

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- References must be individuals who have known you well for at least one year.
- One reference must be **your pastor** or another leader in your church.
- Individuals who are related to you by blood or marriage should not be references.

Full Name: *Last:* \_\_\_\_\_ *First:* \_\_\_\_\_ *Middle:* \_\_\_\_\_

Applicant Signature: \_\_\_\_\_

*The Family Education Rights and Privacy Act of 1974 permits students the right to inspect their files. Because of the importance of preserving the confidentiality of a reference, the Act permits an applicant to waive his right of access to the reference. By signing above, the applicant willingly waives his/her right of access to see this reference, knowing that this waiver is NOT required as a condition of admission.*

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The above-named applicant has applied for acceptance to Calvary Chapel Bible College and has named you as a reference. Your reference contributes to the decision made by our staff regarding this applicant. Therefore, please be thorough and timely in your response.  
**Please return this form directly to the applicant in a signed and sealed envelope.**

*Print Name:* \_\_\_\_\_

*Address:* \_\_\_\_\_

*Signature:* \_\_\_\_\_ *Date:* \_\_\_\_\_

*Position:* \_\_\_\_\_ *Telephone No:* \_\_\_\_\_

*City:* \_\_\_\_\_ *State:* \_\_\_\_\_ *Zip:* \_\_\_\_\_

*Organization or Church to which you belong:* \_\_\_\_\_

1. *How long have you known the applicant?* \_\_\_\_\_
2. *In what capacity have you known the applicant?* \_\_\_\_\_
3. *How long has the applicant been an active Christian?* \_\_\_\_\_
4. *Describe the evidences you see in the applicant's life that demonstrate his or her commitment to follow Christ.* \_\_\_\_\_

5. Please circle the appropriate number on the following questions. Use the “?” if you feel your knowledge of the applicant is insufficient in that particular area.

***Responsibility – Ability to faithfully assume and carry out duties or obligations.***

?	1	2	3	4	5	6
Unknown	Not Responsible	Somewhat	Responsible	Responsible		

***Adaptability – Ability to adjust to changes in circumstances.***

?	1	2	3	4	5	6
Unknown	Difficult	Moderate Ability	Adapts Well			

***Perseverance – Ability to move ahead in the face of adversity***

?	1	2	3	4	5	6
Unknown	Doesn't Persevere	Average	Communicates Well			

***Decisiveness – Ability to synthesize information and choose a direction***

?	1	2	3	4	5	6
Unknown	Very Indecisive	Somewhat Indecisive	Decisive	Very Decisive		

***Communication – Ability to present, evaluate and exchange thoughts with clarity and logic***

?	1	2	3	4	5	6
Unknown	Poor	Fair	Good	Outstanding		

***Church Involvement – Relationship with a local church***

?	1	2	3	4	5	6
Unknown	Infrequent	Active	Demonstrated Stability			

***Spiritual Maturity – Demonstrates holiness, maturity and consistency.***

?	1	2	3	4	5	6
Unknown	Immature	Growing	Consistent Growth			

***Personal Ministry – Active, positive influence on others for Christ on a personal basis***

?	1	2	3	4	5	6
Unknown	Doesn't Conduct	Limited	Active	Exceptionally		

***Cooperation/Teamwork – Ability to work with other people***

?	1	2	3	4	5	6
Unknown	Almost unable	Some Difficulty	Works Well	Extremely Effective		

***Emotional Stability – Response to stressful situation***

?	1	2	3	4	5	6
Unknown	Much Difficulty	Some	Handles well	Exceptional		

6. Please include information which could be helpful in the consideration of this applicant.

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7. Do you have any reservations about this applicant? If so, what are they?

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Please complete and return this form back to the student in a signed and sealed envelope.



## Pastor Reference Form

Calvary Chapel Bible College – Golden Springs Extension Campuses  
22324 Golden Springs Drive, Diamond Bar, CA 91765, 909.396.1884

### DIRECTIONS FOR THE APPLICANT

*This information, as with all of the application, will be held in strict confidence.  
Collect all the following documents to be included in your completed application package.*

- Have all three of the reference forms **returned to you** in signed and sealed envelopes.
- References must be individuals who have known you well for at least one year.
- One reference must be **your pastor** or another leader in your church.
- Individuals who are related to you by blood or marriage should not be references.

Full Name: *Last:* \_\_\_\_\_ *First:* \_\_\_\_\_ *Middle:* \_\_\_\_\_

Applicant Signature: \_\_\_\_\_

*The Family Education Rights and Privacy Act of 1974 permits students the right to inspect their files. Because of the importance of preserving the confidentiality of a reference, the Act permits an applicant to waive his right of access to the reference. By signing above, the applicant willingly waives his/her right of access to see this reference, knowing that this waiver is NOT required as a condition of admission.*

### DIRECTIONS FOR THE REFERENCE

The above-named applicant has applied for acceptance to Calvary Chapel Bible College and has named you as a reference. Your reference contributes to the decision made by our staff regarding this applicant. Therefore, please be thorough and timely in your response.  
**Please return this form directly to the applicant in a signed and sealed envelope.**

*Print Name:* \_\_\_\_\_

*Address:* \_\_\_\_\_

*Signature:* \_\_\_\_\_ *Date:* \_\_\_\_\_

*Position:* \_\_\_\_\_ *Telephone No:* \_\_\_\_\_

*City:* \_\_\_\_\_ *State:* \_\_\_\_\_ *Zip:* \_\_\_\_\_

*Organization or Church to which you belong:* \_\_\_\_\_

1. *How long have you known the applicant?* \_\_\_\_\_
2. *In what capacity have you known the applicant?* \_\_\_\_\_
3. *How long has the applicant been an active Christian?* \_\_\_\_\_
4. *Describe the evidences you see in the applicant's life that demonstrate his or her commitment to follow Christ.* \_\_\_\_\_

5. Please circle the appropriate number on the following questions. Use the “?” if you feel your knowledge of the applicant is insufficient in that particular area.

***Responsibility – Ability to faithfully assume and carry out duties or obligations.***

?	1	2	3	4	5	6
Unknown	Not Responsible	Somewhat	Responsible	Responsible		

***Adaptability – Ability to adjust to changes in circumstances.***

?	1	2	3	4	5	6
Unknown	Difficult	Moderate Ability	Adapts Well			

***Perseverance – Ability to move ahead in the face of adversity***

?	1	2	3	4	5	6
Unknown	Doesn't Persevere	Average	Communicates Well			

***Decisiveness – Ability to synthesize information and choose a direction***

?	1	2	3	4	5	6
Unknown	Very Indecisive	Somewhat Indecisive	Decisive	Very Decisive		

***Communication – Ability to present, evaluate and exchange thoughts with clarity and logic***

?	1	2	3	4	5	6
Unknown	Poor	Fair	Good	Outstanding		

***Church Involvement – Relationship with a local church***

?	1	2	3	4	5	6
Unknown	Infrequent	Active	Demonstrated Stability			

***Spiritual Maturity – Demonstrates holiness, maturity and consistency.***

?	1	2	3	4	5	6
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