

**APPLICATION FORM**  
**PLEASE PRINT OR TYPE ALL YOUR ANSWERS**



Place one photo here (*Please enclose a second photo*)

**Date of Application:** M \_\_\_ D \_\_\_ Y \_\_\_

**Section A**

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**PERSONAL INFORMATION**

**Name:** (Mr., Mrs., Miss.) \_\_\_\_\_

**Name as you'd like it to appear on a name badge:** \_\_\_\_\_

**Country as you'd like it to appear on a name badge:** \_\_\_\_\_

**Telephone numbers:**

Home# \_\_\_\_\_ Cell/Mobile# \_\_\_\_\_

Fax# \_\_\_\_\_ E-Mail \_\_\_\_\_

**Current Address:**

\_\_\_\_\_

**Permanent Address:**

\_\_\_\_\_

*(Please print as it would appear on a mailing label for your country)*

**Emergency Contact**

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

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

**Phone:** \_\_\_\_\_ **Relationship to you:** \_\_\_\_\_

**PLEASE READ FIRST**

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Welcome to the student application for the Catch the Fire School of Ministry. Please carefully check which sections you are required to fill out, that correspond to the module you are applying for.

Application fee enclosed?  \$30 CND/US

I am applying for:

<b>HEART MODULE</b>	<input type="checkbox"/> Spring	<input type="checkbox"/> Fall	Year _____
Complete sections	<b>A, B, C</b>		

<b>REVELATION MODULE</b>	<input type="checkbox"/> Spring	<input type="checkbox"/> Fall	Year _____
Complete sections	<b>A, B, C, D</b>		

<b>WORSHIP MODULE</b>	<input type="checkbox"/> Spring	Year _____
Complete sections	<b>A, B, C, E</b>	

<b>APPLYING FOR RESIDENCE</b>	<input type="checkbox"/> Spring	<input type="checkbox"/> Fall	Year _____
Compulsory for Heart module. All other Modules - on a first come first serve basis. 35 year age limit.			

**Section A** Personal Information

**Section D** Revelation Module

**Section B** Life History

**Section E** Worship Module

**Section C** References

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Are you considering doing more than one module? If so, which one? \_\_\_\_\_

Are you interested in joining the intern program after school?  Yes  No

How did you hear about this School?  Friend  Conference

Advertisement  Webpage

Other \_\_\_\_\_

Are you a World Changer Partner?  Yes  No

## Section A

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### PERSONAL INFORMATION

#### Family Details

Birth date: M \_\_\_ D \_\_\_ Y \_\_\_      Age: \_\_\_\_\_

Sex:             Male                       Female

Status:         Single                       Engaged                       Married

Remarried                 Divorced

Separated                 Widowed

*(on a separate piece of paper, please give a brief history of the circumstances, including dates, if you have been separated, divorced, remarried, widowed or are engaged)*

Spouse's name: \_\_\_\_\_

Birth date: M \_\_\_ D \_\_\_ Y \_\_\_      Age: \_\_\_\_\_

Nationality: \_\_\_\_\_      Birth place: \_\_\_\_\_

Date of Marriage: \_\_\_\_\_ *(prospective date if engaged)*

Names and ages of your children:

\_\_\_\_\_

#### Passport information

Name on passport \_\_\_\_\_

Citizenship \_\_\_\_\_

City or Country where Passport was issued

\_\_\_\_\_

Passport number \_\_\_\_\_      Date of issue      M \_\_\_ D \_\_\_ Y \_\_\_

Expiry Date \_\_\_\_\_

Nationality \_\_\_\_\_      Birth place \_\_\_\_\_

Do you have a criminal record?     Yes     No

*(This question is for immigration purposes only)*

#### Social and Health Insurance Numbers

Social insurance # \_\_\_\_\_      Health Insurance # \_\_\_\_\_

Health Insurance Company \_\_\_\_\_

## Section A

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### HEALTH FORM

**TO THE APPLICANT:** This information will be treated confidentially and separately from your academic records. When you complete the first part of this form please have your doctor complete the rest. Please answer all these questions in ink or by typing in ENGLISH.

**Name** \_\_\_\_\_

Social insurance / Security number \_\_\_\_\_

Citizen of \_\_\_\_\_

Medical insurance number \_\_\_\_\_

Please briefly explain your medical insurance coverage \_\_\_\_\_

\_\_\_\_\_

*Medical coverage is **essential** if you come from a country other than Canada. If you are accepted on the school and do not currently have medical insurance this **MUST** be arranged **BEFORE** arriving in Canada.*

### PERSONAL HISTORY

**Please answer all the following questions.**

Have you ever had, or do you have, any of the following? If yes, please give the details on a separate sheet. Please tick as Yes in the following slots.

- |  |  |  |
|--|--|--|
| <input type="checkbox"/> Skin condition        | <input type="checkbox"/> Heart trouble                       | <input type="checkbox"/> Jaundice                  |
| <input type="checkbox"/> Eye trouble           | <input type="checkbox"/> Hepatitis                           | <input type="checkbox"/> HIV                       |
| <input type="checkbox"/> High blood pressure   | <input type="checkbox"/> Head injury                         | <input type="checkbox"/> Low blood pressure        |
| <input type="checkbox"/> Intestinal problems   | <input type="checkbox"/> Arthritis                           | <input type="checkbox"/> Recurrent diarrhea        |
| <input type="checkbox"/> Recurrent headache    | <input type="checkbox"/> Back problems                       | <input type="checkbox"/> Diabetes                  |
| <input type="checkbox"/> Epilepsy              | <input type="checkbox"/> Kidney disease                      | <input type="checkbox"/> Fainting spells           |
| <input type="checkbox"/> Dislocation of joints | <input type="checkbox"/> Broken bones                        | <input type="checkbox"/> Mental / nervous disorder |
| <input type="checkbox"/> Anemia                | <input type="checkbox"/> Venereal disease                    | <input type="checkbox"/> Stomach / duodenal ulcer  |
| <input type="checkbox"/> Weakness              | <input type="checkbox"/> Tumor /cancer                       | <input type="checkbox"/> Gall bladder problems     |
| <input type="checkbox"/> Paralysis             | <input type="checkbox"/> Surgery                             | <input type="checkbox"/> Insomnia                  |
| <input type="checkbox"/> Appendectomy          | <input type="checkbox"/> Tonsillectomy                       | <input type="checkbox"/> Shortness of breath       |
| <input type="checkbox"/> Hay fever             | <input type="checkbox"/> Asthma                              | <input type="checkbox"/> Hernia repair             |
| <input type="checkbox"/> Ear Trouble           | <input type="checkbox"/> Allergies, including food allergies |  |
- Other
-

Are you at present under the care of a doctor for any condition?

*If Yes, please specify:*

Yes  No

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Are you taking any medication at this time?

*If Yes, please specify:*

Yes  No

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Are you allergic to any medications?

*If Yes, please specify:*

Yes  No

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Do you have a history of emotional instability or psychiatric treatment?

*If Yes, please specify:*

Yes  No

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Do you now, or have you ever, receive compensation for disability from any source?

Yes  No

*If Yes, please specify:*

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Do you have any physical impairments, handicaps or health conditions which require special attention including food allergies?

Yes  No

*If Yes, please describe:*

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What is your blood type? \_\_\_\_\_

Are you under weight  Yes  No If so, by how much? \_\_\_\_\_

Are you over weight  Yes  No If so, by how much? \_\_\_\_\_

How would you rate your health?

Excellent  Good  Fair  Poor

**COMMUNICABLE DISEASES / FAMILY HISTORY**

Have you ever had any of the following?

- Measles (Rubella)
- Measles (German)
- Chicken pox
- Mumps
- Pertussis (whooping cough)
- Scarlet fever
- Tuberculosis
- Hypertension
- Epilepsy
- Convulsions

**Section A**

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**TO BE SIGNED BY A DOCTOR**

*The portion of the form must be filled and signed by a physician.*

**TUBERCULOSIS CONTROL**

One of the following:

**Chest X-ray**                       Date \_\_\_\_\_                      Result \_\_\_\_\_  
Examination facility \_\_\_\_\_

**Skin test**                       Date \_\_\_\_\_                      Result \_\_\_\_\_  
Examination facility \_\_\_\_\_

**B.C.G.**                       Date \_\_\_\_\_                      Result \_\_\_\_\_  
Examination facility \_\_\_\_\_

Physician's Signature \_\_\_\_\_                      Date \_\_\_\_\_

Physician's Name (Please print) \_\_\_\_\_

Address \_\_\_\_\_  
\_\_\_\_\_

\*Please note that all your immunization shots need to be up to date, including Hepatitis A and B\*

## Section A

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### RELEASES, ACKNOWLEDGMENTS AND COMMITMENTS

Applicant Name: \_\_\_\_\_

**If applicant is under 18 years of age, a Parent or a Guardian must sign all portions of this form.**

Parent or Guardians Name: \_\_\_\_\_

Relationship to Applicant: \_\_\_\_\_

Parent / Guardians Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**Release of Liability**

I/We do hereby release The Toronto Airport Christian Fellowship/Catch the Fire School of Ministry, its staff agents and volunteer assistants from any liability whatsoever arising out of any injury, damage or loss sustained by said persons during the course of involvement with the Toronto Airport Christian Fellowship/Catch the Fire School of Ministry.

Applicant, Parent or Guardian Signature: \_\_\_\_\_ Date: \_\_\_\_\_

*Signature of parent or guardian, if applicant is under 18 years of age.*

**Consent For Treatment**

In case of emergency, I/ We hereby agree to the performance of such treatment, including anesthesia and surgery, or any other treatment that an attending doctor or physician may deem necessary. I/We agree to meet any and all medical expenses that are incurred during the course of involvement with Toronto Airport Christian Fellowship/Catch the Fire School of Ministry.

Applicant, Parent or Guardian Signature: \_\_\_\_\_ Date: \_\_\_\_\_

*Signature of parent or guardian, if applicant is under 18 years of age.*

**Financial Responsibility**

I / We understand that the payment of the required school tuition fees must be made in Canadian or US funds prior to or upon my arrival. Payment must be made in full. Further, I agree to meet in a timely manner, prior to the completion of school, all personal expenses incurred during my involvement with the Toronto Airport Christian Fellowship/Catch the Fire School of Ministry. I/we understand that graduation from the School of Ministry is not granted until all outstanding payments have been received.

Applicant, Parent or Guardian Signature: \_\_\_\_\_ Date: \_\_\_\_\_

*Signature of parent or guardian, if applicant is under 18 years of age.*

**Agreement to abide by School Guidelines & Structure**

If I am accepted I \_\_\_\_\_ will abide by the rules, commitments and schedules of the school including:

1. All book reports, assignments, assessments and exams.
2. Arriving at all school functions and commitments on time.
3. Practical help around the school and church.
4. All training sessions, classes & workshops that are a designated part of my course of study.
5. Personal development of my gifting and talents as related to my course of study.
6. All ministry & outreach opportunities I am required to participate in.

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

***I certify that all the information in this application is complete and accurate.***

Applicant, Parent or Guardian Signature: \_\_\_\_\_ Date: \_\_\_\_\_

*Signature of parent or guardian, if applicant is under 18 years of age.*

## Section B

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### LIFE HISTORY

Please type your answers to the following questions. Answer as completely as possible.

#### Spiritual growth

- a. Outline your conversion/introduction to Christ and the events and steps leading up to that time.
- b. Describe your spiritual growth since then. Comment on events or spiritual experiences in your life, which led to new levels of understanding and commitment. Include the character issues that God has dealt with in your life and what lessons they taught you.
- c. What crises have you experienced in your life and how have you dealt with them?
- d. Comment on your devotional life. Include such issues as prayer, Bible reading, Bible study, worship, devotions with spouse and family. Are you meeting your expectations for personal spiritual growth?

#### Relationships and experience

- e. Please describe your relationship with your local church. Comment on involvement, areas of ministry, service, leadership experience, gifts and abilities.
- f. Please take one full page each to describe your relationship with your mother and your father.
- g. Describe your relationship with the rest of your family including your spouse if you are married.
- h. How does your family feel about your intentions to attend the School of Ministry?
- i. What languages do you speak and how proficiently?

#### Goals and expectations

- j. Comment briefly on the circumstances that led up to your decision to apply for this school.
- k. What are your reasons for wanting to attend this school? Please include spiritual and ministry goals which you hope the school will help you fulfill.
- l. What are your plans and dreams following the school?

#### God's work

- m. How do you know that the Holy Spirit is working in your life?
- n. Have you ever experienced a miracle in your life? Please describe it.
- o. What do you think your spiritual gifts are? Do you have the opportunity to exercise these gifts in your local church body?

**We realize that the following questions are very personal. Please be assured that all answers are held in strict confidentiality.**

**If you have difficulty communicating your answer in writing, Gordon or Cathy Harris (SoM Directors) or one of our pastors can talk with you personally.**

*Please answer in detail. One sentence is not sufficient*

1. Have you used any of the following substances? If so, please explain how recently, in what quantities and what ministry you have had to overcome any addictions:
  - a. alcoholic beverages
  - b. tobacco
  - c. "soft drugs" (e.g., marijuana etc...)
  - d. "hard drugs" (e.g., cocaine, heroin, chemicals etc...)
2. Have you ever had psychiatric treatment?  
If so, please describe the treatment received, dates, and any lingering difficulties.
3. Have you ever been involved in any of the following areas? If so, please explain the circumstances briefly, the time and length of involvement and what ministry you have had to overcome them:
  - a. the occult, (e.g., Wicca, séances, ouija boards etc...)
  - b. a cult or sect, (e.g., Mormonism, new age, eastern mysticism etc...)
  - c. heterosexual sin, including pornography and promiscuity
  - d. homosexual activity
  - e. compulsive behaviors, (e.g., shopping, eating, washing, scratching, etc...)
  - f. eating disorders, (e.g., bulimia, anorexia etc...)
  - g. self harm
4. Do you have a history of abuse? Either verbal, physical, emotional or sexual.

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## **WORK HISTORY and EXPERIENCE**

- a. Please include a resume or history of your work experience.
- b. Please include your involvement in special interest courses, musical abilities, artistic talents and hobbies.
- c. Please include an official Vulnerable Sector Screening Police Check (normally available at a nominal fee from your local police station). A police record will NOT automatically disqualify you from attending the School of Ministry.

**Section C**

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**REVELATION MODULE**

**Educational History**

a. High School Name/Location: \_\_\_\_\_  
\_\_\_\_\_ Year of Graduation: \_\_\_\_\_

b. List all other educational institutions attended beyond High School, if applicable.  
(e.g. college, university, nursing, business schools):

<b>Name/Location</b>	<b>Dates Attended</b>	<b>Degree/ Credit earned</b>	<b>Grad Year</b>

## Section D

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### WORSHIP MODULE

**a. Please indicate previous involvement in the following:**

- Are you a Worship Leader  Yes  No

If Yes, in what setting and period of time? \_\_\_\_\_

- Background Vocalist  Yes  No

If Yes, how long have you been singing? \_\_\_\_\_

- Instrumentalist  Yes  No

If Yes, what instrument (s)? \_\_\_\_\_

How long have you been playing an instrument? \_\_\_\_\_ Year (s).

What is your major instrument? \_\_\_\_\_

On which instrument would you like further lessons/tutorials? \_\_\_\_\_

- Have you had any formal lessons?  Yes  No

Name of Institution(s): \_\_\_\_\_

How many years at the above institution? \_\_\_\_\_ Year.

- Have you had theory lessons?  Yes  No

If Yes, what is your level? \_\_\_\_\_

**b. Are you presently on a worship team?**  Yes  No

**c. In a separate sheet, please answer the following in one or two sentences for each question.**

- State your personal philosophy of worship.
- Why do you want to come to our school of worship?
- Where do you see yourself ministering in the future?

**d. Please include with your application a recording with a sample of 3 short musical selections that demonstrate your current style and musical ability.**

- This does not need to be of studio quality or original pieces.
- Please label and indicate clearly what your part is in each selection.
- These recordings will not be returned.

## Section E

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### REFERENCE FORMS

#### We require

2 x Friend / Co-Worker references  
1 x Pastors reference

*Your application will NOT be processed until we receive all your reference forms. Please ensure that all your referees complete and send them into our office as soon as possible.*

*If your parents are your pastors we ask that you have a youth pastor or cell group leader complete your pastoral reference. Please contact us if you need clarification.*

#### References - Friend / Co-worker

Please list the people to whom you gave your reference forms.

**Name** \_\_\_\_\_

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

**Phone** \_\_\_\_\_

**Name** \_\_\_\_\_

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

**Phone** \_\_\_\_\_

#### Pastoral Reference

Enclosed is a reference form and letter for you to give to your pastor. We want to invite his/her counsel and input with regards to your application.

Home Church \_\_\_\_\_

Denomination \_\_\_\_\_

Pastor's Name \_\_\_\_\_

Address \_\_\_\_\_

Phone \_\_\_\_\_ Fax \_\_\_\_\_

Is your church part of "Partners in Harvest" or "Friends in Harvest"?

(You may have to ask your pastor.)  Yes  No

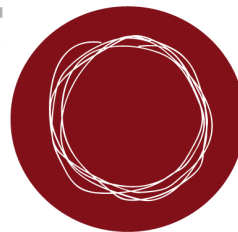
Is your Pastor in agreement with your plans?  Yes  No

How long have you attended this church? \_\_\_\_\_

What size is the church? \_\_\_\_\_

How would you describe your relationship with your pastor?

\_\_\_\_\_



**FRIEND / CO-WORKER Reference Form (Confidential) Fax (416) 674 8465**

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**Name of Applicant** \_\_\_\_\_

The above applicant has applied to attend a leadership training program with the Catch the Fire School of Ministry in one of the following modules.

- Heart Module
- Revelation Module
- Worship Module

We would appreciate it if you would supply the information requested on this form, in order to aid us in evaluating the applicant's suitability for admission.

**Your name** \_\_\_\_\_

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

\_\_\_\_\_

**Phone** \_\_\_\_\_ **Occupation** \_\_\_\_\_

1) What is your relationship to the applicant, (leader, friend)?

\_\_\_\_\_

2) How many years have you known the applicant?

\_\_\_\_\_

3) What do you perceive to be the applicant's best qualities?

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

4) What do you perceive to be the applicant's greatest weakness(es)?

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5) How do you think the School of Ministry will aid the applicant's development?

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6) What ministry or spiritual gifts have you observed in operation in the applicant? \_\_\_\_\_

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7) Have you any reservations about the applicant attending the School of Ministry? \_\_\_\_\_

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8) Do you know of any incidents or examples in which the applicant compromised his or her Christian faith or moral integrity?

If so, please explain, including how it was resolved.

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9) Please rate the applicant's ability to get along with his or her peers:

Outstanding     Excellent     Good     Fair     Poor

10) Please rate the applicant's ability to relate to authority:

Outstanding     Excellent     Good     Fair     Poor

11) Please rate the applicant's ability to relate to unbelievers:

Outstanding     Excellent     Good     Fair     Poor

12) Please rate the applicant's leadership skills:

Outstanding     Excellent     Good     Fair     Poor

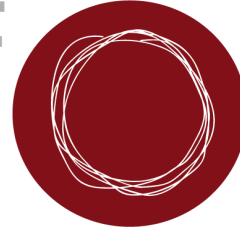
13) Please rate the applicant's ability to overcome adversity:

Outstanding     Excellent     Good     Fair     Poor

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

Please direct all forms to :

**Catch the Fire, SCHOOL OF MINISTRY,  
272 Attwell Dr. Toronto, Ontario, Canada. M9W 6M3  
or fax (416) 674 8465**



**FRIEND / CO-WORKER Reference Form (Confidential) Fax (416) 674 8465**

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**Name of Applicant** \_\_\_\_\_

The above applicant has applied to attend a leadership training program with the Catch the Fire School of Ministry in one of the following modules.

- Heart Module
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- Worship Module

We would appreciate it if you would supply the information requested on this form, in order to aid us in evaluating the applicant's suitability for admission.

**Your name** \_\_\_\_\_

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

\_\_\_\_\_

**Phone** \_\_\_\_\_ **Occupation** \_\_\_\_\_

1) What is your relationship to the applicant, (leader, friend)?

\_\_\_\_\_

2) How many years have you known the applicant?

\_\_\_\_\_

3) What do you perceive to be the applicant's best qualities?

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

4) What do you perceive to be the applicant's greatest weakness(es)?

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5) How do you think the School of Ministry will aid the applicant's development?

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6) What ministry or spiritual gifts have you observed in operation in the applicant? \_\_\_\_\_

---

7) Have you any reservations about the applicant attending the School of Ministry? \_\_\_\_\_

---

8) Do you know of any incidents or examples in which the applicant compromised his or her Christian faith or moral integrity?

If so, please explain, including how it was resolved.

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9) Please rate the applicant's ability to get along with his or her peers:

Outstanding     Excellent     Good     Fair     Poor

10) Please rate the applicant's ability to relate to authority:

Outstanding     Excellent     Good     Fair     Poor

11) Please rate the applicant's ability to relate to unbelievers:

Outstanding     Excellent     Good     Fair     Poor

12) Please rate the applicant's leadership skills:

Outstanding     Excellent     Good     Fair     Poor

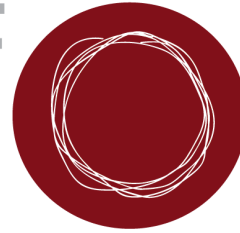
13) Please rate the applicant's ability to overcome adversity:

Outstanding     Excellent     Good     Fair     Poor

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

Please direct all forms to:

**Catch the Fire, SCHOOL OF MINISTRY,  
272 Attwell Dr. Toronto, Ontario, Canada. M9W 6M3  
or fax (416) 674 8465**



## LETTER TO PASTOR

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Dear Pastor,

Greetings from Catch the Fire School of Ministry. You have been given this form, by somebody whom you have pastoral oversight for, who wishes to attend one of our programs. **If you are the parent, please give the form to another leader, who has a level of pastoral oversight.**

The School of Ministry is a leadership training program designed for people who are already attaining, or heading toward a level of maturity and Godly character and have a specific call to leadership training. It is our vision to see people released to minister with a pure heart, knowing how to sense and flow with the Holy Spirit, and having the tools to practically minister. Obviously personal healing is foundational to a leader's growth in the Kingdom.

In this way the students do attain a measure of healing in their personal lives but please bear in mind that this healing is part of their leadership training and not the primary focus of the school.

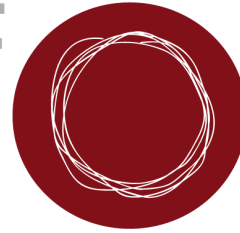
We would be grateful if you could complete the attached reference form so we can assess if this school is right for the applicant. If you are unfamiliar with the School of Ministry, you can look at our website at <http://som.catchthefire.com>.

All information on this form is confidential.

We are looking forward to hearing from you.

In the Fathers Love,

Gordon & Cathy Harris  
Directors  
School of Ministry



**PASTOR'S Reference Form (Confidential)**

**Fax (416) 674 8465**

**Name of Applicant** \_\_\_\_\_

- Heart Module
- Revelation Module
- Worship Module

We would appreciate it if you would supply the information requested on this form, in order to aid us in evaluating the applicant's suitability for admission.

Pastor's Name \_\_\_\_\_

Home Church \_\_\_\_\_

Denomination \_\_\_\_\_

Address \_\_\_\_\_

Phone \_\_\_\_\_ Fax \_\_\_\_\_

1) How long have you known the applicant? \_\_\_\_  Month(s)  Year(s)

What is your position in the church?

- Pastor
- Elder
- Other \_\_\_\_\_

3) How well do you know the applicant?

- Very well
- Well
- Casually

4) Were you aware of the applicant's intention to participate in this training program prior to receiving this form?

- Yes
- No (*comments*) \_\_\_\_\_

5) Are you happy with his/her intentions?

\_\_\_\_\_

6) In what activities has the applicant participated since attending your church?

\_\_\_\_\_

7) Has he/she shown effectiveness in these activities?

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8) Upon your observation, do you see the applicant as financially responsible?

- Yes       No       Unsure

9) In your association with the applicant, what has been the level of commitment you have seen?

- Faithful       Inconsistent       Other (*comments :*)
- 

10) This is an evaluation of the applicant's overall characteristics.

*Please tick one for each category.*

**Responsiveness to others**

- slow to sense how others feel  
 unusually sensitive  
 reasonably responsive  
 understanding and thoughtful

**Physical Condition**

- excellent health  
 average health  
 frequently ill

**Intelligence**

- excellent intellectual capacity  
 average mental ability  
 learns and thinks slowly

**Relationships**

- sought out by others  
 liked by others  
 tolerated by others

**Christian experience**

- mild but genuine  
 relatively superficial  
 rich and growing  
 over emotional

**Leadership Ability**

- leads naturally  
 tries but lacks ability  
 has some leadership promise  
 makes no effort to lead

**Willingness to serve**

- eager to serve as needed  
 co-operative when asked  
 reluctant to serve

**Teamwork**

- works well with others  
 reasonably cooperative  
 insists on having own way

**Achievement**

- takes initiative  
 meets average expectation  
 starts but does not finish

**Ability to follow**

- responsive  
 follows blindly  
 cooperative  
 resistant to direction

**How does the applicant usually react to trying situations?**

- withdraws                       gets discouraged                       gets angry  
 meets constructively       accepts patiently                       other (*explain*).....

**Evaluation of applicant's emotional maturity.**

- Outstandingly mature. Has a proven ability to operate under stress and pressure.  
 More mature and emotionally stable than average.  
 Possesses adequate emotional stability and maturity.  
 Doubtful. Experience has shown that the applicant might not be able to handle trials.

*Additional Comments:* \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**11)** Please comment on areas of weakness you might be aware of.

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**12)** To your knowledge, has the applicant ever been arrested for any offense?

- Yes       No      *If yes, please explain:*

\_\_\_\_\_

**13)** Has the applicant proven on any occasion to be unreliable, dishonest, or of questionable character?

- Yes       No      *If yes, please explain:*

\_\_\_\_\_

**14)** To your knowledge, has the applicant been involved in any of these areas? Drug and alcohol abuse, homosexuality, extramarital or premarital sexual relationships, pornography, the occult, and compulsive behaviors.

- Yes       No      *(If yes, on a separate sheet of paper, please comment briefly on what he/she has done to resolve the issue and find restoration.)*

**Please check here if you feel that you cannot answer this question in writing, we would be happy to speak with you personally. All answers are confidential.**

**15)** Please comment on the family background.

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**16)** Overall, what do you consider to be the applicant's strong points? (Include special abilities)

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**17)** What could the Catch the Fire School of Ministry do to aid the applicant's development?

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**18)** Do you recommend this person for admission to this training program?

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To the best of my knowledge the above information is correct and I believe that he/she possesses the qualities indicated above.

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

Thank you for your time and help with this application.

**Please send this confidential reference form directly to:**

**Catch the Fire  
SCHOOL OF MINISTRY  
272 Attwell Dr.  
Toronto, Ontario,  
Canada. M9W 6M3  
or fax (416) 674-8465**