



BAPTIST COLLEGE OF THEOLOGY, OBINZE, OWERRI CHURCH RATIFICATION FORM

NAME OF APPLICANT _____

Dear Friend,

The above named member of your Church has applied to be trained in our school for the work of the gospel ministry. We would appreciate your honest and candid evaluation of the applicant. Your responses to this form will be kept confidential. If the space provided is insufficient for your answers, please answer on the back of the forms.

1. How long has the applicant been your member? _____
2. Is the Church aware that the applicant applied to be trained at the College? _____

3. How have you observed the applicant's way of life, particularly his/her moral and spiritual qualities since he/she joined the Church? _____

4. Is he/she baptized? If yes when? _____

5. What office(s) has the applicant held in the Church? What area of ministry of the Church is he/she involved in? Sunday School etc. _____

Please give your evaluation of the applicant's performance of these ministries in the Church at the Church in Conference _____

6. Do you think the applicant has been called by God to the Christian ministry? _____

7. Do you see evidence of the necessary spiritual gifts for the applicant to serve as a pastor? _____
If "yes", what gifts have you observed? _____

8. Do you think the applicant has the necessary leadership qualities to lead a Church? _____
why do you think so? _____

9. Do you think the applicant is a committed member? _____ If "no" please comment on your reason _____

10. Do you think the applicant is doctrinally sound in what he/she believes and teaches? _____. If "no", please comment _____

11. Does the applicant get along well with others particularly his wife/her husband and family? _____
 If "no", please comment. _____

12. If you need an associate /pastor now, would you want the applicant to be engaged in the Church ministry when he completes his/her studies? _____

13. Are you aware of any sickness (either physical or mental) handicap, physical deformity, speech problem, etc in the applicant? _____. If "yes", please comment _____

14. Please make any other comments about the applicant you think might be helpful for us to know. _____

CHURCH SECRETARY
 NAME: _____
 SIGNATURE: _____
 DATE: _____

PASTOR/LEADER
 NAME: _____
 SIGNATURE: _____
 DATE: _____

NAME OF CHURCH: _____
ADDRESS: _____

Please seal and return this Form direct to the REGISTRAR,

**BAPTIST COLLEGE OF THEOLOGY,
 OBINZE
 P. O. BOX 79,
 OWERRI – IMO STATE.**