

Marital Status: Single Married Engaged
 Widowed Divorced Separated Remarried

If single, are you living with your parents? Yes No

Name of spouse: (if married) _____

4. SPIRITUAL INFORMATION

Have you personally accepted Jesus Christ? Yes No

If yes, when? _____

Name of church you attend: _____

Address: _____

Street / P.O. Box

City

Prov. / State

Postal / Zip Code

Church Denomination: _____

Are you a member of this church? Yes No

Have you been scripturally baptized upon your confession of faith?

Yes No If yes, where? _____

5. Please answer the following questions on a separate sheet of paper. (8.5 x 11) Please type or print in ink.

- A) When and how did you personally come to Jesus Christ?
- B) How are you growing in your present walk with the Lord?
- C) What kind of Christian service or practical ministry have you done?
- D) What are your reasons for coming to Canadian Baptist Bible College?
- E) What goals do you intend to achieve?
- F) Indicate whether you have used or been involved in the occult, tobacco, alcohol or non-medicinal drugs during the past year.
- G) Explain your present belief and attitude toward each of these items.

6. FAMILY BACKGROUND

Parent or guardian's name: _____

Address: _____

Street / P.O. Box

City

Prov. / State

Postal / Zip Code

Phone: (_____) _____

Is your father living? _____ Is your mother living? _____

If so, please name their occupation: _____

Are your parents separated or divorced? Yes No

Are your parents born-again? Yes No

Of which church and denomination are your parents members?

Church name

Denomination

Do your parents or spouse approve of your attending Canadian Baptist Bible College? Yes No

7. EDUCATION

List in chronological order the secondary schools, colleges or universities attended:

Institution: _____ Date Attended: _____

Location: _____ Graduation: _____

Institution: _____ Date Attended: _____

Location: _____ Graduation: _____

Enclose a transcript from the secondary school(s) you attended.

8. ACADEMIC

Which program of study do you plan to take?

Pastoral Missions Second Man

Music Church Ministries

Which are you planning on working towards?

Diploma Degree

Do you intend to enroll in private music lessons? Yes No
If yes, indicate for which: Piano, Voice, Violin

9. HOBBIES AND RECREATION

What are your hobbies or recreational interests? _____

10. FINANCIAL

What employment or business experience have you had? (state kind and length) _____

What is your present occupation or last place of employment?

Will you have sufficient funds to pay for each semester on Registration Day? Yes No

How do you plan to meet all your financial obligations, including school expenses?

Are you presently in debt? Yes No If yes, please explain:

Do you expect to live in the student dormitory? Yes No

I declare my willingness to cooperate in maintaining the regulations which govern the educational, social and spiritual life of Canadian Baptist Bible College.

Signature

7. With what kind of friends does the applicant associate?

8. How is the applicant influenced by his/her peers? _____

9. Please list any skills, talents, personality and character strengths you have observed. _____

10. Please note any personality or character weaknesses you have observed. _____

11. Have you had occasion to question the applicant's morals?

No Yes If yes, please explain. _____

12. How does the applicant respond to authority and discipline at home, church and school? _____

13. Does the applicant participate in any of the following:
(check and make comments)

Activity	Habitual	Selective	None	Unknown	Comments
Use of Alcohol	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____
Use of Tobacco	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____
Use of Drugs (non-medicinal)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____
Pornography	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____
Occult Activities	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____

PERSONAL REFERENCE FORM(1)

Adult Christian Friend (Age 21 or over)

Waiver Statement (to be completed by applicant)

Name: _____
Last First Middle

Address: _____
Street / P.O. Box

_____ City / Town Province / State Postal / Zip Code

I voluntarily waive any right to inspect or challenge the contents of this reference form, the contents of which will be held in confidence by Canadian Baptist Bible College.

The individual named above is completing an application to attend Canadian Baptist Bible College. Please answer the following questions as accurately as possible to assist in the application process and understanding the needs of the applicant.

1. How long have you known the applicant? _____ years _____ months

2. Relationship to the applicant: Pastor Associate Pastor
 Youth Pastor Deacon Sunday School Teacher Other

3. To your knowledge, is the applicant a born-again Christian? _____
 Yes, When? _____ No Don't know

4. Does the applicant's daily life give evidence of spiritual growth? Please Comment: _____

5. To your knowledge, are the applicant's parents(s)/guardians(s) born-again Christians?

Yes, When? _____ No Don't know

6. In what ways has the applicant been involved in church and/or youth activities?

7. Please describe the applicant's home life (include information about the spiritual and moral leadership of the parent(s), relationships among family members and relationships of applicant to parents).

8. What kind of friends does the applicant associate with? _____
9. How is the applicant influenced by his/her peers? _____
10. Please list any skills, talents, personality and character strengths you have observed. _____
11. Please note any personality or character weaknesses you have observed. _____
12. Have you had occasion to question the applicant's morals?
 No Yes: If yes, please explain. _____
13. How does the applicant respond to authority and discipline at home, church and school? _____
14. Does the applicant participate in any of the following: (check and make comments)
- | Activity | Habitual | Selective | None | Unknown | Comments |
|----------------------------|--------------------------|--------------------------|--------------------------|--------------------------|----------|
| Use of Alcohol | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | _____ |
| Use of Tobacco | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | _____ |
| Use of Non-medicinal drugs | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | _____ |
| Pornography | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | _____ |
| Occult Activities | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | _____ |
15. Do you see potential for future Christian ministry as: Lay worker
 Pastor Missionary Other: _____
16. Please check the qualities that best describe the applicant's character.
 Additional helpful comments can be added in the space provided.

ACCEPTANCE BY OTHERS

- Highly respected
 Well accepted
 Poorly accepted
 Cannot report
 Comments _____

ATTITUDE TOWARDS PEERS

- Relates very well
 Usually relates well
 Some difficulty in relating
 Reluctant to interact
 Cannot report
 Comments _____

EMOTIONAL STABILITY

- Consistently well balanced
 Usually well balanced
 Subject to mood swings
 Unstable
 Cannot report
 Comments _____

ATTITUDE TOWARD WORK

- Enthusiastic
 Generally positive
 Below potential
 Usually negative
 Cannot report
 Comments _____

CONCERN FOR OTHERS

- Genuinely concerned
 Moderately concerned
 Somewhat concerned
 Indifferent
 Cannot report
 Comments _____

INDUSTRY

- Does more than assigned work
 Does only assigned work
 Needs occasional prodding
 Works only under compulsion
 Fails to do required work
 Comments _____

PERSONAL REFERENCE FORM(2)

Adult Christian Friend (Age 21 or over)

Waiver Statement (to be completed by applicant)

Name: _____

Last

First

Middle

Address: _____

Street / P.O. Box

City / Town

Province / State

Postal / Zip Code

I voluntarily waive any right to inspect or challenge the contents of this reference form, the contents of which will be held in confidence by Canadian Baptist Bible College.

The individual named above is completing an application to attend Canadian Baptist Bible College. Please answer the following questions as accurately as possible to assist in the application process and understanding the needs of the applicant.

1. How long have you known the applicant? _____ years _____ months

2. Relationship to the applicant: Pastor Associate Pastor
 Youth Pastor Deacon Sunday School Teacher Other

3. To your knowledge, is the applicant a born-again Christian? _____

Yes, When? _____ No Don't know

4. Does the applicant's daily life give evidence of spiritual growth? Please comment: _____

5. To your knowledge, are the applicant's parents(s)/guardians(s) born-again Christians?

Yes, When? _____ No Don't know

6. In what ways has the applicant been involved in church and/or youth activities? _____

7. Please describe the applicant's home life (include information about the spiritual and moral leadership of the parent(s), relationships among family members and relationships of applicant to parents). _____

8. What kind of friends does the applicant associate with? _____
9. How is the applicant influenced by his/her peers? _____
10. Please list any skills, talents, personality and character strengths you have observed. _____
11. Please note any personality or character weaknesses you have observed. _____
12. Have you had occasion to question the applicant's morals?
 No Yes: If yes, please explain. _____
13. How does the applicant respond to authority and discipline at home, church and school? _____
14. Does the applicant participate in any of the following: (check and make comments)
- | Activity | Habitual | Selective | None | Unknown | Comments |
|----------------------------|--------------------------|--------------------------|--------------------------|--------------------------|----------|
| Use of Alcohol | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | _____ |
| Use of Tobacco | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | _____ |
| Use of Non-medicinal drugs | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | _____ |
| Pornography | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | _____ |
| Occult Activities | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | _____ |
15. Do you see potential for future Christian ministry as: Lay worker
 Pastor Missionary Other: _____
16. Please check the qualities that best describe the applicant's character.
 Additional helpful comments can be added in the space provided.

ACCEPTANCE BY OTHERS

- Highly respected
 Well accepted
 Poorly accepted
 Cannot report
 Comments _____

ATTITUDE TOWARDS PEERS

- Relates very well
 Usually relates well
 Some difficulty in relating
 Reluctant to interact
 Cannot report
 Comments _____

EMOTIONAL STABILITY

- Consistently well balanced
 Usually well balanced
 Subject to mood swings
 Unstable
 Cannot report
 Comments _____

ATTITUDE TOWARD WORK

- Enthusiastic
 Generally positive
 Below potential
 Usually negative
 Cannot report
 Comments _____

CONCERN FOR OTHERS

- Genuinely concerned
 Moderately concerned
 Somewhat concerned
 Indifferent
 Cannot report
 Comments _____

INDUSTRY

- Does more than assigned work
 Does only assigned work
 Needs occasional prodding
 Works only under compulsion
 Fails to do required work
 Comments _____

PERSONAL MEDICAL HEALTH FORM

To be completed by the student **before** examination by a physician.

1. Name: _____
Last First Middle

Address: _____
Street / P.O. Box

City Province / State Postal / Zip Code

Phone: (_____) _____
Area Number

Birthday: _____ Female Male
M / D / Y

2. Name of Parent Guardian: _____
Last First

Address: _____
Street / P.O. Box

City Prov. / State Postal / Zip Code

Phone: (_____) _____ Work: (_____) _____
Area Number Area Number

3. Person to be notified in emergency: _____
Name

_____ Phone: (_____) _____
Relationship Area Number

4. Medical Insurance #: _____ Prov./State: _____

Other Insurance: _____ Type: _____

5. Immunization History:

Diphtheria Date Initial Series: _____ Booster: _____

Tetanus Date Initial Series: _____ Booster: _____

Polio Date Initial Series: _____ Booster: _____

Other Date Initial Series: _____ Booster: _____

6. Name any medical drugs you use frequently: _____

7. Has anyone in your family or a close relative had any of the following: Tuberculosis Diabetes Heart Disease
 Migraines Allergies

8. Have you ever had any of the following? (This information is required to determine whether there are any activities in which the student cannot participate.)

Check if you have any of the following:

- | | | | |
|---|--|--|---|
| <input type="checkbox"/> Allergies | <input type="checkbox"/> Fainting Spells | <input type="checkbox"/> Migraines | <input type="checkbox"/> Tuberculosis |
| <input type="checkbox"/> Asthma | <input type="checkbox"/> Hay Fever | <input type="checkbox"/> Mononucleosis | <input type="checkbox"/> Typhoid |
| <input type="checkbox"/> Diabetes | <input type="checkbox"/> Heart Problems | <input type="checkbox"/> Mumps | <input type="checkbox"/> Whooping Cough |
| <input type="checkbox"/> Diphtheria | <input type="checkbox"/> Hepatitis | <input type="checkbox"/> Nervous Disorders | <input type="checkbox"/> Other: _____ |
| <input type="checkbox"/> Eating Disorders | <input type="checkbox"/> Injuries | <input type="checkbox"/> Polio | <input type="checkbox"/> _____ |
| <input type="checkbox"/> Emotional Problems | <input type="checkbox"/> Malaria | <input type="checkbox"/> Rheumatic Fever | <input type="checkbox"/> _____ |
| <input type="checkbox"/> Epilepsy | <input type="checkbox"/> Measles | <input type="checkbox"/> Small Pox | <input type="checkbox"/> _____ |

Comment on any you checked: _____

NOTE TO APPLICANT: *After you complete this form, please take it to your doctor so he/she can complete part two of the Medical Health Form*

MEDICAL HEALTH FORM

Part Two

To be completed by a licensed physician. Please review and evaluate the history as completed by the student. Describe under "Remarks" any abnormality found.

1. How long have you attended (known) this person? _____
2. Height: _____ Weight: _____ Temp.: _____
Pulse: _____ B.P.: _____
3. Vision (Snellen) R20/ _____ L20/ _____
Corrected R20/ _____ L20/ _____ Last refraction: _____
4. Hearing: R _____ L _____

Check		Remarks: Describe any abnormality
	General Appearance	
	Face and Skin	
	Eyes	
	ENT	
	Teeth	
	Neck, thyroid	
	Lymph nodes	
	Chest	
	Heart	
	Lungs	
	Abdomen	
	Hernia	
	External Genitalia (men)	
	Back	
	Extremities	

5. Describe any other abnormality, including emotional disturbances, which should be known to the Medical Officer.

6. Laboratory: Urinalysis: Alb. _____ Sug. _____ pH _____

Micro (if indicated) _____

Blood studies (if indicated) _____

7. Is this individual able to take physical education classes? _____

If not, explain: _____

8. Does any condition exist which would make participation in athletics inadvisable? _____

9. Recommendations: _____

PLEASE PRINT: Doctor's Name: _____

Address: _____

Street / P.O. Box

City

Prov. / State

Postal / Zip Code

Phone: (_____) _____ Date: _____

Area

Number

_____, MD

Signature

*Thank you for completing this form. Please mail it directly to: **Canadian Baptist Bible College**
Box 415, Winkler, Manitoba R6W 4A6*