



SPIRITUAL FORMATION TRAINING APPLICATION

REFERENCES: Each applicant is to submit three letters of reference (forms included with this application). Please include a pastor or church leader who knows you well, a friend, an employer or teacher. Have them sent to Dr. Dale Pollard, Eighth Day Institute 1319 Sara Ct. Bellingham, WA 98226.

IMPORTANT: Your application is not complete until your references are received.

Please be explicit in your answers. Attach other pages as needed. Please type or print neatly with dark pen. A \$35 non-refundable application fee must accompany this application. Make check payable to the Eighth Day Community.

Application Fee	Office Use ONLY
Paid Yes / No	Date ___ / ___ / ___
Check # _____	Amount _____

PERSONAL

Date _____

Name _____

Street Address _____

City _____ Zip Code _____

Phone _____ Email _____

Age _____

Present Occupation _____

Church You Attend _____

Church Address _____

Church Phone _____

Pastor's Name _____

EDUCATIONAL

What Biblical and/or secular education have you had to date?



What books, periodicals, journals, seminars and other training have you read or participated in which are applicable to this training program?

TRAINING PROGRAM

Please give some reasons you desire to participate in the this program.

What benefits do you desire to gain?

What direction do you anticipate taking in terms of a vocation and /or service in the local church or community following completion of this program?

Thank you for showing interest in the Eighth Day Institute's Training Program in Spiritual Formation. We will phone you for an appointment time for the interview as soon as possible. After the interview, the applicant will receive in the mail a letter of acceptance or a letter explaining what criteria the applicant must fulfill in order to be accepted into the program in the future. Remember that your application is not complete until the three reference forms have been filled out and sent in. Thank you.



SPIRITUAL FORMATION TRAINING REFERENCE

APPLICANT:

Print Name of Applicant _____ phone _____

I willingly waive my right to see this recommendation.

Signature _____ Date _____

RECOMMENDER: The above named applicant is applying for the Eighth Day Institute's training program in spiritual formation. Your frank evaluation of the person named above will be appreciated.

Please return the completed reference to:

The Eighth Day Community
1319 Sara Ct.
Bellingham, WA 98225

In what capacity and for how long have you known the applicant?

How would you rate the applicant in the following qualities using the following:

	1	2	3	4	5	6
	No	Below	Average	Good	Excellent	Extraordinary
	Observation	Average				
Intellectual ability			_____	Self initiating		_____
Reasoning ability to evaluate data and make sound judgement			_____	Personal maturity		_____
Creative ability to respond to new ideas			_____	Emotional stability		_____
Willingness to accept critique			_____	Compassion / Caring		_____
Written skills in communication			_____	Attitude toward hard work		_____
Oral communication skills			_____	Ability to get along with others		_____
Work habits, promptness, thoroughness			_____	Attitude toward authority		_____
				Moral integrity		_____
				Self motivating		_____



Please state below your estimate of the applicant's capacity and motivation for studies. Give your assessment of the applicant's strengths and growth areas (please specify at least two strengths and two growth areas) with particular emphasis to the applicant's moral character, relational skills, and work habits, and personal values. Comment on any factors you perceive would affect the applicant's ability to participate in this training program.

In what specific areas do you perceive this individual might benefit from participation in The Pastoral Care Training Program?

From your perspective, please describe the nature of the applicant's faith and integrity.

Select one:

I recommend

Do Not Recommend

I recommend with this reservation _____

You may attach additional pages if necessary.

Print Name _____ Signature _____

Position/title _____ Date _____

Address _____

Phone _____

Thank you for your help!