



APPLICATION PACKAGE



Dear Young Person,

You are likely reading this letter because you are pursuing entrance into The Master's Commission program here at the Regina Apostolic Church. Jesus tells us that, "He who has an ear, let him hear what the Spirit says to the churches." Revelation 2:7

As we tune our ear, we will hear a clear, resounding call to the young men and women of this generation. It is a call to live completely surrendered lives in consecrated devotion to our King. It is a call to accurately discern the issues of our culture, embracing truth and saying no to ungodliness. It is a call to minister in the power of the Holy Spirit and to lead by being an example to all believers.

Applying to Master's Commission is a response to this call.

It is the goal of Master's Commission that each student that comes through this program will fully embrace the sanctifying work of the Holy Spirit and the call of God on their lives to serve in the Body of Christ. You can expect your time at Master's Commission to be both extremely challenging and greatly rewarding. Beyond that, you can expect to encounter the Lord Jesus Christ in a measure you have yet to experience.

As you prayerfully consider the Lord's call to a deeper level, I invite you to ask yourself, am I willing to be disciplined; to pay the price to become a world-changer and affect my generation for Christ?"

In service to our King,

Rob Reimer
Director of the Master's Commission

Final Checklist

Application Deadline: August 1st of the year for which the student is applying. For example, if the student wishes to apply for the class of 2007/08, his/her application must be received by the Master's Commission office by August 1, 2007. However, due to limited space, we recommend applications be submitted by June 1st.

Please mail to the Master's Commission all items in the form portion of the packet along with your \$35.00 application fee.

- | | | |
|--|--|---|
| <input type="checkbox"/> Completed "Enrollment Application" | <input type="checkbox"/> Completed "Personal Sketch" | <input type="checkbox"/> Copy of diploma/GED |
| <input type="checkbox"/> Completed "Home Church Agreement" | <input type="checkbox"/> Completed "Health Care Information" | <input type="checkbox"/> Completed "Authorization for Treatment of a Minor" (if applicable) |
| <input type="checkbox"/> Completed "Confidential References" (2) | <input type="checkbox"/> Completed "Pastor's Reference" | <input type="checkbox"/> Signed Commitment Form |
| <input type="checkbox"/> Completed "Parents' Reference" | <input type="checkbox"/> \$35.00 Application Fee | <input type="checkbox"/> <u>Current</u> Picture |
| <input type="checkbox"/> Criminal Record Check | <input type="checkbox"/> Valid Passport | |

Master's Commission
808 Assiniboine Avenue East
Regina, Saskatchewan
S4V 0K6



Master's Commission Commitment Form

I wish to apply to be a student in the Regina Apostolic Church Master's Commission year of _____.

I have read the entire packet and understand the responsibilities and requirements of being a Master's Commission student as they have been explained. Upon my acceptance, I commit to give myself fully to the standards and expectations of being a student in The Master's Commission. I have read and understand the financial requirements and commit to fulfill them.

I commit to prepare for my 8 months in the Master's Commission by staying under parental and pastoral covering, and pursuing my relationship with the Lord through daily time in the Word and in prayer. I further commit to prepare for my Master's Commission year by reading the following book.

- The Pursuit of Holiness by Jerry Bridges

A note regarding break schedule: The Master's Commission Christmas and Spring Break schedule are listed below. It is very important for students to be present for all class times during the year, therefore we ask parents to please make travel arrangements for your son/daughter within these perimeters. By signing below you are agreeing that you understand the dates listed, and that The Master's Commission cannot be responsible for the cost of changing travel plans.

- Christmas Break: December 21, 2007 – January 6, 2008
- Winter Break: TBA

The Applicant's Name (Please Print):

The Applicant's Signature: _____ Date: _____

Parent/Guardian Name(s): _____

Parent/Guardian Signature(s): _____ Date: _____





APPLICATION FORMS

**Please remove from booklet and return
completed no later than June 30th.**

(June 1st is recommended)

Master's Commission Enrollment Application

It is the conviction of the ministry and members of Regina Apostolic Church that there is only One Master who calls us to His Commission. The Master is Jesus, the Son of God, our Lord and Savior. His Commission commands us to “go and make disciples of all nations, baptizing them in the name of the Father, the Son, and the Holy Spirit, and teaching them to obey everything I have commanded you.” (Matthew 28:19).

The Master's Commission is for young people who choose to dedicate 8 months of their lives to God, and who desire to be “...vessels of honor, sanctified useful to the Master, prepared for every good work.” (2 Timothy 2:21).

Applicant's Legal Name (Preferred name in parentheses):			
Home Address:		Email Address:	
City:	Prov:	Postal Code:	
Name of Parent(s) or Guardian(s):			
Home Phone: ()	Work Phone: ()	Phone of Parent(s)/Guardian(s) ()	
Age:	Date of Birth:	<input type="checkbox"/> Male <input type="checkbox"/> Female	Social Security #
Will you have an automobile during your year in the Master's Commission? (Students with cars will most likely need to use them for carpool purposes.)		<input type="checkbox"/> Yes <input type="checkbox"/> No	
How many passengers does your car have seat belts for?	Do you have a valid driver's license? <input type="checkbox"/> Yes <input type="checkbox"/> No License #:		
Do you have a valid passport? (required) <input type="checkbox"/> Yes <input type="checkbox"/> No		Passport Expiration Date:	



Medical Information

Please fill out the following as thoroughly and accurately as possible.

Student's Name (last, first, middle):			
Mother's Name:		Father's Name:	
Business Location:		Business Location:	
	Business Phone: ()		Business Phone: ()
Family Physician:		In Case of Emergency, Contact:	
	Phone: ()		Phone: ()
Please list any ongoing physical conditions you have that require self-care, a special diet, or a doctor's supervision:			
Allergies:		Medications you are currently taking:	



Authorization for Treatment of a Minor
(If Applicable)

Dear Health Care Provider:

If I am unable to be reached to provide consent for medical care, I, the undersigned parent or legal guardian of _____, a minor, authorize the leadership of The Master's Commission to consent in any emergency situation to any medical or surgical procedure or hospital care required for the above minor. Hospital care may include any laboratory tests, X-ray examinations and anesthetic required. All medical care must be acknowledged as necessary by and performed under the supervision of a physician licensed to practice medicine in the province or nation in which the student lives or to which the student has traveled.

In my absence, my child may be released to the leaders Master's Commission following the completion of treatment.

Signature of Parent or Guardian

Date

Witness

Date



Personal Sketch

Date: _____

Applicant Name: _____

** Please attach a current photograph of yourself.*

Please answer the following questions as completely as possible:

- Please write a brief personal testimony of how you met the Lord and a description of your current relationship with Him.
- What areas of your life do you need change or growth in?
- Describe a time in your life when you really needed the Lord (other than salvation).
- Who has influenced your life the most?
- List and explain the 2 most significant events of your Christianity apart from salvation and Baptism of the Holy Spirit.
- What are your reasons for wanting to participate in the Master's Commission.
- List honors and awards you have received.
- List extracurricular activities you have been involved in. (sports, music, debate, etc.)
- What goals do you have? (i.e., college, military, business, ministry, etc.)



REGINA AP
the **MASTER'S**
Commission
A GENERATIONAL CALL TO CHARACTER

PASTOR REFERENCE

Pastor's Reference Form

To the Applicant: This reference should be completed by your pastor and mailed directly to us. If your pastor is a close relative (i.e: father), please refer the form to the assistant pastor or youth pastor in your church. If a person other than your pastor (assistant pastor or youth pastor) completes the form, an explanation should be provided.

To the Pastor: The above applicant has applied to be enrolled in the Master's Commission program. 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 to be in the program. The applicant cannot be considered until all reference forms are received, therefore your speedy completion of this form would be very much appreciated. Please be as honest and forthright as possible. Your evaluation is very important to us. This reference will be kept in confidence. Thank you for your assistance.

The Applicant's Name: (Please Print)				
Name of Reference: (Please Print)				
City:	Prov:	PC:	Phone: ()	Email:
Church & Denomination:				
Position in church:				
Signature:				Date:

Please return all pages of this form and a signed "Return to Home Church" form. You may send a letter of reference to share any additional information that might be beneficial.

Please send to:

The Master's Commission
808 Assiniboine Avenue East
Regina, Saskatchewan
S4V 0K6



TYPE OR PRINT ALL ITEMS IN INK:

1. How long have you known the applicant? _____

2. How long has the applicant attended your church? _____

3. How well do you know him/her?

- Very well Fairly well Casually By name/sight

4. In your association with the applicant, what has been the level of commitment to Christ you have seen exemplified?

- Faithful Inconsistent Other _____

5. Evaluation of the applicant's emotional maturity (please check one)

- Outstandingly mature. Has proven his/her 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 endure stress.
 Applicant has frequently demonstrated inability to cope with stress such as rage or withdrawal, is erratic in attitude and action, or has demonstrated instability in other ways.

Comments: _____

6. How does the applicant usually react in trying situations? (check one)

- Withdraws Meet constructively Gets angry Accepts patiently
 Gets discouraged Other, explain: _____

7. Has the applicant proven on any occasion to be unreliable, dishonest, or of questionable character?

- Yes No

If yes, please explain: _____

8. As far as you know, has the applicant ever been arrested for any offense?

- Yes No

If yes, please explain: _____



9. Evaluation of the applicant's over-all characteristics (please check one under each category).

Physical Condition	Willingness to Serve	Relationships
<input type="checkbox"/> Frequently incapacitated <input type="checkbox"/> Below average <input type="checkbox"/> Fairly active <input type="checkbox"/> Good fitness level <input type="checkbox"/> Vigorous	<input type="checkbox"/> Reluctant to serve <input type="checkbox"/> Motive to serve confused <input type="checkbox"/> Usually willing to serve <input type="checkbox"/> Eager to serve as needed	<input type="checkbox"/> Avoided by others <input type="checkbox"/> Tolerated by others <input type="checkbox"/> Liked by others <input type="checkbox"/> Well liked by others
Intelligence	Leadership Ability	Christian Experiences
<input type="checkbox"/> Learns and thinks slowly <input type="checkbox"/> Average mental ability <input type="checkbox"/> Alert/Has a good mind <input type="checkbox"/> Brilliant/Exceptional	<input type="checkbox"/> Makes no effort to lead <input type="checkbox"/> Tries but lacks ability <input type="checkbox"/> Has some leadership ability <input type="checkbox"/> Good leadership ability <input type="checkbox"/> Unusual ability to lead	<input type="checkbox"/> Relatively superficial <input type="checkbox"/> Overemotional <input type="checkbox"/> Genuine but mild <input type="checkbox"/> Genuine and growing <input type="checkbox"/> Warmly contagious
Teamwork	Responsiveness to Others	Achievement
<input type="checkbox"/> Frequently causes friction <input type="checkbox"/> Insists on having own way <input type="checkbox"/> Usually cooperative <input type="checkbox"/> Works well with others	<input type="checkbox"/> Slow sensing how others feel <input type="checkbox"/> Reasonably responsive <input type="checkbox"/> Understanding & thoughtful <input type="checkbox"/> Usually responsive and understanding	<input type="checkbox"/> Starts but does not finish <input type="checkbox"/> Does only what assigned <input type="checkbox"/> Meets average expectations <input type="checkbox"/> Takes initiative

10. Please check words that describe the applicant (choose only a few that stand out).

- | | | | |
|--|--|--|---|
| <input type="checkbox"/> Teachable | <input type="checkbox"/> Nervous | <input type="checkbox"/> Flexible | <input type="checkbox"/> Easily discouraged |
| <input type="checkbox"/> Moody | <input type="checkbox"/> Dependable | <input type="checkbox"/> Committed | <input type="checkbox"/> Humorous |
| <input type="checkbox"/> Understanding | <input type="checkbox"/> Anxious | <input type="checkbox"/> Tolerant | <input type="checkbox"/> Wise |
| <input type="checkbox"/> Critical | <input type="checkbox"/> Perfectionist | <input type="checkbox"/> Domineering | <input type="checkbox"/> Enthusiastic |
| <input type="checkbox"/> Lacking humor | <input type="checkbox"/> Motivated | <input type="checkbox"/> Disciplined | <input type="checkbox"/> Patient |
| <input type="checkbox"/> Good listener | <input type="checkbox"/> Stable | <input type="checkbox"/> Peaceful | <input type="checkbox"/> Easily embarrassed |
| <input type="checkbox"/> Prejudiced | <input type="checkbox"/> Kind | <input type="checkbox"/> Easily offended | <input type="checkbox"/> Servant's heart |

11. In your opinion, in which of the following areas of ministry does the applicant seem gifted?

- | | | | |
|--|---|--|---|
| <input type="checkbox"/> Communication | <input type="checkbox"/> Secretarial | <input type="checkbox"/> Children's Work | <input type="checkbox"/> Worship |
| <input type="checkbox"/> Teaching | <input type="checkbox"/> Discipleship | <input type="checkbox"/> Evangelism | <input type="checkbox"/> Construction/Renovations |
| <input type="checkbox"/> Music | <input type="checkbox"/> Counseling | <input type="checkbox"/> Prayer | <input type="checkbox"/> Other: _____ |
| <input type="checkbox"/> Medical | <input type="checkbox"/> Administration | <input type="checkbox"/> Computers | |
| <input type="checkbox"/> Hospitality | <input type="checkbox"/> Encourager | <input type="checkbox"/> Dance | |
| <input type="checkbox"/> Drama | <input type="checkbox"/> Art | <input type="checkbox"/> Laboring | |
| <input type="checkbox"/> Youth | <input type="checkbox"/> Seniors | | |

12. Do you recommend the applicant for acceptance as a student of the Master's Commission? Yes, unreservedly Yes, hesitantly No



Agreement to Return to Home Church

I understand that the policy of The Master's Commission Program, with regard to any individual who comes into the program from a church body other than Regina Apostolic Church, is to assure that person, his or her parents, and his or her pastor that at the end of The Master's Commission year of training that person will return to his or her home church body unless approval is given by his/her parents and pastor.

I agree with this policy and therefore agree, at the end of my Master's Commission year of training, to return immediately to my home church body and to re-establish my commitment to that church and its ministry. I understand and agree that I will be released by Regina Apostolic Church and its ministry immediately following termination of the program.

The only exception to this policy would be in the event that the student, parents, and pastor wish to release the student for a year of internship with the Master's Commission or some other extenuating circumstances out of the control of The Master's Commission program.

Signature: _____ Date: _____

Attested to, witnessed, and approved by:

Pastor, Home Church of Master's Commission Student

Parents / Guardian of Master's Commission Student





**CONFIDENTIAL
REFERENCE**

Confidential Reference

The Applicant's Instructions: This form is to be filled out by a high school or college teacher, employer or friend, and mailed directly to the Master's Commission. This form should not be filled out by a family member.

The Reference's Instructions: Each applicant for admission to the Master's Commission must submit recommendations. Serious consideration will be given to your comments; therefore, we ask that you complete this form carefully and return it directly to the Master's Commission. Your comments will be held in confidence. Any additional comments can be added on a separate sheet of paper.

The Applicant's Name: (Please Print)				
Name of Reference: (Please Print)				
City:	Prov	PC	Phone: ()	Email:
Church & Denomination:				
Position in church:				
Signature:				Date:

1. You have known the applicant for ____ years and consider your relationship to be:
 very close fairly close an acquaintance minimal

2. Relationship to the applicant is:
 High school teacher College teacher Employer Friend other _____

3. In your opinion this applicant's Christian witness is which of the following?
 mature contagious genuine and growing over-emotional superficial other _____

4. What character strengths or weaknesses would you like to comment on?

5. What specific gifts do you recognize in this applicant?

6. Does this applicant have any persistent habits that you feel would hinder him/her from fitting into a fairly intensive discipleship program? _____

7. Would you recommend this applicant for acceptance to the Master's Commission program?
 Yes No Hesitant
 Why? _____

Please send to:

**The Master's Commission
 808 Assiniboine Avenue East
 Regina, Saskatchewan S4V 0K6**



	Excellent	Good	Fair	Poor	No Observation
MENTAL ABILITY	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
TEACHABLE SPIRIT	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
LIKED BY OTHERS	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
CONCERN FOR OTHERS	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
CAN EXPRESS FEELINGS	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
COMMUNICATION SKILLS	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
ABILITY TO MOTIVATE, TRAIN OTHERS	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
ABILITY TO PLAN/SET GOALS	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
SELF-DISCIPLINE	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
PHYSICAL CONDITION/HEALTH	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
PERSONAL MOTIVATION	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
INDUSTRY/ACHIEVEMENT	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
MATURITY	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
DISPOSITION	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
APPEARANCE	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
PERSONAL DEVOTION	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
CHURCH ATTENDANCE/INVOLVEMENT	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
SPIRITUAL GROWTH OBSERVED	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
SELF-IMAGE	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
EMOTIONAL STABILITY	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
COPING WITH PERSONAL PROBLEMS	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
RESPONSE TO PRESSURE	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
RELIABILITY/FAITHFULNESS	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
FINANCIAL RESPONSIBILITY	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
HONESTY	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
OPENNESS	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
MORAL STANDARDS	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
POSITIVE ATTITUDE	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
FOLLOWS INSTRUCTIONS	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
ENTHUSIASM	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
JUDGMENT/COMMON SENSE	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
SERVANTHOOD	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
ADAPTABILITY/FLEXIBILITY	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
TEAMWORK/COOPERATION	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>



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Name of Reference: (Please Print)				
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7. Would you recommend this applicant for acceptance to the Master's Commission program?
 Yes No Hesitant

- Why? _____

Please send to:
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Regina, Saskatchewan S4V 0K6



	Excellent	Good	Fair	Poor	No Observation
MENTAL ABILITY	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
TEACHABLE SPIRIT	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
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CONCERN FOR OTHERS	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
CAN EXPRESS FEELINGS	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
COMMUNICATION SKILLS	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
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SELF-DISCIPLINE	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
PHYSICAL CONDITION/HEALTH	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
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DISPOSITION	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
APPEARANCE	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
PERSONAL DEVOTION	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
CHURCH ATTENDANCE/INVOLVEMENT	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
SPIRITUAL GROWTH OBSERVED	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
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RESPONSE TO PRESSURE	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
RELIABILITY/FAITHFULNESS	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
FINANCIAL RESPONSIBILITY	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
HONESTY	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
TEAMWORK/COOPERATION	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
MORAL STANDARDS	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
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ENTHUSIASM	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
JUDGMENT/COMMON SENSE	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
FOLLOWS INSTRUCTION	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
ADAPTABILITY/FLEXIBILITY	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>





PARENT REFERENCE

Parent's Reference Form

To the Applicant: This reference should be completed by your parents and mailed directly to us. If you have more than one set of parents, have those parents whom you most recently lived with complete this form.

To the Parents: Your son/daughter has applied to become a student in The Master's Commission program. Please supply the information requested on this form in order to aid us in evaluating your son/daughter's suitability for this opportunity. They cannot be considered until all reference forms are received, therefore your speedy completion of this form would be very much appreciated. Please be as honest and forthright as possible. Your evaluation is very important to us. This reference will be kept in confidence. Thank you for your assistance.

The Applicant's Name: (Please Print)				
Name of Reference: (Please Print)				
City:	Prov:	PC:	Phone: ()	Email:
Church & Denomination:				
Position in church:				

Please return all four pages of this form and a signed "Return to Home Church" form. Please send a letter of reference to share any additional information that might be beneficial.

Please send to:

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S4V 0K6**



	Excellent	Good	Fair	Poor	No Observation
MENTAL ABILITY	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
TEACHABLE SPIRIT	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
LIKED BY OTHERS	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
CONCERN FOR OTHERS	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
CAN EXPRESS FEELINGS	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
COMMUNICATION SKILLS	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
ABILITY TO MOTIVATE, TRAIN OTHERS	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
ABILITY TO PLAN/SET GOALS	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
SELF-DISCIPLINE	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
PHYSICAL CONDITION/HEALTH	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
PERSONAL MOTIVATION	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
INDUSTRY/ACHIEVEMENT	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
MATURITY	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
DISPOSITION	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
APPEARANCE	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
PERSONAL DEVOTION	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
CHURCH ATTENDANCE/INVOLVEMENT	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
SPIRITUAL GROWTH OBSERVED	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
SELF-IMAGE	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
EMOTIONAL STABILITY	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
COPING WITH PERSONAL PROBLEMS	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
RESPONSE TO PRESSURE	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
RELIABILITY/FAITHFULNESS	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
FINANCIAL RESPONSIBILITY	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
HONESTY	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
OPENNESS	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
MORAL STANDARDS	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
POSITIVE ATTITUDE	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
FOLLOWS INSTRUCTIONS	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
ENTHUSIASM	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
JUDGMENT/COMMON SENSE	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
SERVANTHOOD	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
ADAPTABILITY/FLEXIBILITY	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
TEAMWORK/COOPERATION	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>



PLEASE TYPE OR PRINT ALL ITEMS IN INK:

1. What areas of growth or change do you hope to see occur this year?

2. What character strengths or weaknesses would you like to comment on?

3. Does your son/daughter have any persistent habits you feel would restrict him/her from fitting into a fairly intensive program?

4. Evaluation of your son/daughter's over-all characteristics (please check one under each category).

Physical Condition	Willingness to Serve	Relationships
<input type="checkbox"/> Frequently incapacitated <input type="checkbox"/> Below average <input type="checkbox"/> Fairly active <input type="checkbox"/> Good fitness level <input type="checkbox"/> Vigorous	<input type="checkbox"/> Reluctant to serve <input type="checkbox"/> Motive to serve confused <input type="checkbox"/> Usually willing to serve <input type="checkbox"/> Eager to serve as needed	<input type="checkbox"/> Avoided by others <input type="checkbox"/> Tolerated by others <input type="checkbox"/> Liked by others <input type="checkbox"/> Well liked by others
Intelligence	Leadership Ability	Christian Experiences
<input type="checkbox"/> Learns and thinks slowly <input type="checkbox"/> Average mental ability <input type="checkbox"/> Alert/Has a good mind <input type="checkbox"/> Brilliant/Exceptional	<input type="checkbox"/> Makes no effort to lead <input type="checkbox"/> Tries but lacks ability <input type="checkbox"/> Has some leadership ability <input type="checkbox"/> Good leadership ability <input type="checkbox"/> Unusual ability to lead	<input type="checkbox"/> Relatively superficial <input type="checkbox"/> Overemotional <input type="checkbox"/> Genuine but mild <input type="checkbox"/> Genuine and growing <input type="checkbox"/> Warmly contagious
Teamwork	Responsiveness to Others	Achievement
<input type="checkbox"/> Frequently causes friction <input type="checkbox"/> Insists on having own way <input type="checkbox"/> Usually cooperative <input type="checkbox"/> Works well with others	<input type="checkbox"/> Slow sensing how others feel <input type="checkbox"/> Reasonably responsive <input type="checkbox"/> Understanding & thoughtful <input type="checkbox"/> Usually responsive and understanding	<input type="checkbox"/> Starts but does not finish <input type="checkbox"/> Does only what assigned <input type="checkbox"/> Meets average expectations <input type="checkbox"/> Takes initiative



5. How does your son/daughter usually react in trying situations? (check one)

- Withdraws Meet constructively Gets angry Accepts patiently
 Gets discouraged Other, explain: _____

6. Please check words that describe your son/daughter (choose only a few that stand out).

- | | | | |
|--|--|--|---|
| <input type="checkbox"/> Teachable | <input type="checkbox"/> Nervous | <input type="checkbox"/> Flexible | <input type="checkbox"/> Easily discouraged |
| <input type="checkbox"/> Moody | <input type="checkbox"/> Dependable | <input type="checkbox"/> Committed | <input type="checkbox"/> Humorous |
| <input type="checkbox"/> Understanding | <input type="checkbox"/> Anxious | <input type="checkbox"/> Tolerant | <input type="checkbox"/> Wise |
| <input type="checkbox"/> Critical | <input type="checkbox"/> Perfectionist | <input type="checkbox"/> Domineering | <input type="checkbox"/> Enthusiastic |
| <input type="checkbox"/> Lacking humor | <input type="checkbox"/> Motivated | <input type="checkbox"/> Disciplined | <input type="checkbox"/> Patient |
| <input type="checkbox"/> Good listener | <input type="checkbox"/> Stable | <input type="checkbox"/> Peaceful | <input type="checkbox"/> Easily embarrassed |
| <input type="checkbox"/> Prejudiced | <input type="checkbox"/> Kind | <input type="checkbox"/> Easily offended | <input type="checkbox"/> Servant's heart |

7. What specific gifts do you recognize in your son/daughter?

8. In your opinion, in which of the following areas of ministry does your son/daughter seem gifted?

- | | | | |
|--|---|--|---|
| <input type="checkbox"/> Communication | <input type="checkbox"/> Secretarial | <input type="checkbox"/> Children's Work | <input type="checkbox"/> Worship |
| <input type="checkbox"/> Teaching | <input type="checkbox"/> Discipleship | <input type="checkbox"/> Evangelism | <input type="checkbox"/> Construction/Renovations |
| <input type="checkbox"/> Music | <input type="checkbox"/> Counseling | <input type="checkbox"/> Prayer | <input type="checkbox"/> Other: _____ |
| <input type="checkbox"/> Medical | <input type="checkbox"/> Administration | <input type="checkbox"/> Computers | |
| <input type="checkbox"/> Hospitality | <input type="checkbox"/> Encourager | <input type="checkbox"/> Dance | |
| <input type="checkbox"/> Drama | <input type="checkbox"/> Art | <input type="checkbox"/> Laboring | |

9. Do you recommend your son/daughter for acceptance as a Master's Commission student?

