3D Training Center





Instructions

<u>For the Applicant</u>: Please ask your pastor to complete this form and mail it directly to the Admissions Office at the following address:

3D Training Center, PO Box 7758, Beaumont, TX 77726

<u>For the Pastor</u>: The applicant listed below is applying for admission to the **3D Training Center**, an intensive one-year program of Disciple Makers Multiplied designed to prepare young adults for a life of service to Jesus Christ.

Thank you for your prayerful and honest evaluation of the applicant and your timely submission of this form. All information will be kept confidential and will not be shared with the applicant. Once you have completed the form please mail it directly to us; do not return it to the applicant. **Thank you.**

Office	use	only.

Name of Applicant:				
	Last Name First Name		Middle Name	
Your Name		Your Title		
Church	Your phone	Your Email	 	
Church Address				
Street		City	State	Zip
How long have you known the	applicant?	How long has he/she at	tended your c	hurch?
How well do you know the app	licant? (choose only o	ne): Very close/	personal relati	onship
Fairly well/many interact	nteractions Casually/few personal contacts By name and sight only			
Additional comments:				
To your knowledge, has the ap	plicant trusted in Chris	t as Savior? Yes	No	Not sure
Is the applicant faithful in attending church meetings? Yes		No	Not sure	
Is the applicant engaged in chu	rch?	Yes	No	Not sure
Do you believe the applicant is	enthusiastic about his,	/her faith? Yes	No	Not sure
Do you know if the applicant is	involved in Christian s	ervice? Yes	No	Not sure
Do you know if applicant is reli	able to pay debts and k	eep word? Yes	No	Not sure
Please give additional comme	nts on any of the abov	e questions:		
Do you have any doctrinal con	cerns or warnings you	would like to share cor	ncerning the a	pplicant?
What can you tell us about the	e applicant's participat	ion in the local church?		

Please give your thoughts about the applicant's spiritual development and potential as a believer:						
Are there any issues or needs that might impair the applicant's If so, please explain:			ers?	Yes		
To your knowledge is the applicant free of addictions? Ye Please explain what you know:			Not	sure		
Are you aware of anything that may negatively affect the applied of the second of the	- -	-	school o	r dorm lif		
To your knowledge has the applicant ever been accused of any Child abuse? Yes No Crimes involving or Accusation of sexual molestation of a minor? Yes No If	against min	ors? Yes_				
Please rate the applicant on each of the following:	Excellent	Average	Poor	Unknow		
Reliable, dependable, responsible						
Mature, able to cope with life situations						
Emotionally stability, reaction to stress, poise, mood stability						
Motivated, genuine, and committed						
Good judgment, able to analyze and solve problems						
Oral expression, clear, coherent						
Relationship with others, good rapport, cooperative, malleable						
Empathy , sensitivity to the needs of others						
Leadership, creative and decisive, self-confident						
Personal appearance, clean, well groomed						
Integrity, honest, of good moral character						
Work habits, good stamina, polite, conscientious, takes initiative						
Please include any additional information that might be help			·			
(Print Your Name Above)	onowing let	Jimmenua	uon rega	ii uii ig		
the admission of to the Disciple (Print Applicant's Name Above)	Makers Mu	ıltiplied 3D	Training	Center:		
(choose only one) recommend, recommend with re	servation,	decline	to recor	mmend		