

# NORTH FLORIDA

BAPTIST COLLEGE

## PASTOR REFERENCE FORM

### APPLICANT INFORMATION

NAME: \_\_\_\_\_ DATE OF BIRTH: \_\_\_\_/\_\_\_\_/\_\_\_\_

ADDRESS: \_\_\_\_\_

CITY: \_\_\_\_\_ STATE: \_\_\_\_\_ ZIP: \_\_\_\_\_

PHONE: (\_\_\_\_) \_\_\_\_\_ EMAIL: \_\_\_\_\_

I am authorizing the release of personal information to North Florida Baptist College by the following pastor reference to be used in conjunction with a submitted application for review and potential acceptance to North Florida Baptist College. I understand that the information disclosed in this form will be submitted to North Florida Baptist College, will be held in strict confidentiality by North Florida Baptist College, and will not be released to any other party, including myself. I understand that North Florida Baptist College may reach out to the following pastor reference for additional information if necessary. This form is provided in good faith and confidence, without legal liability on the part of the pastor reference or North Florida Baptist College.

SIGNATURE: \_\_\_\_\_ DATE: \_\_\_\_\_

**APPLICANT, DO NOT PROCEED PAST THIS LINE.**

### PASTOR REFERENCE INFORMATION

NAME: \_\_\_\_\_

CHURCH NAME: \_\_\_\_\_

ADDRESS: \_\_\_\_\_

CITY: \_\_\_\_\_ STATE: \_\_\_\_\_ ZIP: \_\_\_\_\_

PHONE: (\_\_\_\_) \_\_\_\_\_ EMAIL: \_\_\_\_\_

HOW LONG HAVE YOU KNOWN THE APPLICANT? \_\_\_\_\_

PLEASE DESCRIBE THE APPLICANT'S CHARACTER:

	EXCELLENT	GOOD	POOR	UNKNOWN
<i>Integrity</i>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<i>Dependability</i>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<i>Work Ethic</i>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<i>Cooperation</i>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

DOES THE APPLICANT FAITHFULLY ATTEND ALL WEEKLY SCHEDULED CHURCH SERVICES? ☐ YES ☐ NO

DOES THE APPLICANT FAITHFULLY ATTEND THE WEEKLY SCHEDULED SOUL-WINNING PROGRAM OF THE CHURCH? ☐ YES ☐ NO

DOES THE APPLICANT FAITHFULLY HONOUR THE LORD WITH THEIR INCREASE THROUGH THE GIVING OF TITHES AND OFFERINGS? ☐ YES ☐ NO

DOES THE APPLICANT SEEK YOUR ADVICE AND COUNSEL? ☐ YES ☐ NO

DOES THE APPLICANT LISTEN TO YOUR ADVICE AND COUNSEL? ☐ YES ☐ NO

PLEASE PROVIDE ANY ADDITIONAL FEEDBACK REGARDING APPLICANT: \_\_\_\_\_

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SIGNATURE: \_\_\_\_\_ DATE: \_\_\_\_\_

**DO NOT RETURN THIS FORM TO THE APPLICANT.** This form must be completed in full and submitted directly to North Florida Baptist College. To submit this form, you may email it as a .pdf file to [admissions@nfb4me.com](mailto:admissions@nfb4me.com) or mail it to:

**Admissions Office  
North Florida Baptist College  
12046 Normandy Boulevard  
Jacksonville, Florida 32221**