



Urban Church – [www.lifeaturban.com](http://www.lifeaturban.com) - 619.231.7745

## Personal Information

Legal Name in full (Last) \_\_\_\_\_ (First) \_\_\_\_\_ (Middle) \_\_\_\_\_  
Address \_\_\_\_\_  
City \_\_\_\_\_ State/Province \_\_\_\_\_ Zip Code \_\_\_\_\_  
Country \_\_\_\_\_ Email \_\_\_\_\_  
Phone \_\_\_\_\_ Cell Phone \_\_\_\_\_  
Age \_\_\_\_\_ Birth date \_\_\_\_\_ Place (City, State) \_\_\_\_\_  
Social Security # \_\_\_\_\_ (Required for background check)  
Marital Status (circle one)    single    engaged    married    divorced    separated    widowed  
Spouse's Name (if applicable) \_\_\_\_\_ Date of Marriage \_\_\_\_\_  
Number and ages of children (if applicable) \_\_\_\_\_  
Citizenship \_\_\_\_\_ Present Occupation \_\_\_\_\_  
Do you have a passport?:    No    Yes    Expiration Date \_\_\_\_\_  
(If you do not have a passport you must obtain one prior to the start of the school of ministry)

## Health

Please describe any physical limitations, disabilities, or health issues that you may have: \_\_\_\_\_  
Do you have any chronic illness? \_\_\_\_\_  
Are you presently taking medication prescribed by a doctor? \_\_\_\_\_  
If so, please explain: \_\_\_\_\_

## Family Information

Father/or Guardian	Mother/or Guardian
Name _____	_____
Address _____	_____
Phone _____	_____
Occupation _____	_____

## Church Information

Home Church \_\_\_\_\_  
Church Mailing Address \_\_\_\_\_  
Pastor's Name \_\_\_\_\_ Phone \_\_\_\_\_  
How long have you been attending this church? \_\_\_\_\_  
Date you accepted Christ as Savior \_\_\_\_\_  
Have you been baptized in water? \_\_\_\_\_ Date \_\_\_\_\_

---

## Academic Background

Name of High School attended \_\_\_\_\_ Graduation Date (Mo/Yr) \_\_\_\_\_  
City, State, Country \_\_\_\_\_

List below the colleges, universities or other schools you have attended:

Name \_\_\_\_\_ Location \_\_\_\_\_  
Dates \_\_\_\_\_ Diploma/Degree \_\_\_\_\_

Name \_\_\_\_\_ Location \_\_\_\_\_  
Dates \_\_\_\_\_ Diploma/Degree \_\_\_\_\_

## Employment History (List most recent first)

Company \_\_\_\_\_ Manager \_\_\_\_\_  
Position Held \_\_\_\_\_ Phone Number \_\_\_\_\_  
Reason for Leaving \_\_\_\_\_ Dates of Employment \_\_\_\_\_

Company \_\_\_\_\_ Manager \_\_\_\_\_  
Position Held \_\_\_\_\_ Phone Number \_\_\_\_\_  
Reason for Leaving \_\_\_\_\_ Dates of Employment \_\_\_\_\_

## References

List names, addresses & telephone number of two unrelated people

Name and Relation \_\_\_\_\_ Phone \_\_\_\_\_  
E-mail \_\_\_\_\_  
Address \_\_\_\_\_

Name and Relation \_\_\_\_\_ Phone \_\_\_\_\_  
E-mail \_\_\_\_\_  
Address \_\_\_\_\_



## Personal Skills And Experience

Indicate your personal skills and experience (if any) in the following areas:

	6mo-1yr	1-3 yrs	3-5 yrs	6+years
Music/Worship				
Children's Ministry				
Missions				
Media				
Audio/Visual				
Final Cut Pro or Similar				
Microsoft Office				
Windows or Mac OS				
Graphic Design				
Administration				
Social Services				
Outreach				
Creative Arts/Design				
Other: _____				
Multi-Line Phone's				
Marketing				
Youth Ministry				
Languages Spoken (Indicate fluency)				

Define your idea of church: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

What qualities do you perceive to be necessary for a leader? \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

How did you hear about Urban School of Ministry? \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

---

# RECOMMENDATION FORM: PARENTAL/GUARDIAN REFERENCE

Name of applicant (Last) \_\_\_\_\_ (First) \_\_\_\_\_ (Middle) \_\_\_\_\_  
We request your cooperation as the parent/guardian of the above student. All information will be held in strict confidence.

## SECTION 1: Parental/Guardian Information

Parent/Guardian Name \_\_\_\_\_  
Parent/Guardian Phone Number \_\_\_\_\_ Email \_\_\_\_\_  
What relationship does the applicant have to you? Son Daughter Other \_\_\_\_\_

## Parental/Guardian Church Information

Church presently attending \_\_\_\_\_  
Pastor's name \_\_\_\_\_ Phone \_\_\_\_\_  
Address \_\_\_\_\_

## SECTION 2: PLEASE ANSWER THE FOLLOWING QUESTIONS

Has the applicant discussed or counseled with you concerning his/her interest in participating with Urban? Yes or No

Has the applicant had any serious problems submitting to parental or other authority? Yes or No  
Please comment: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

What do you understand is the intent of the applicant for being a student with Urban's School of Ministry?  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

## SECTION 3: PLEASE RATE THE APPLICANT IN THE FOLLOWING AREAS:

On a scale of 0 to 4 (0=low, 4=high), rate the applicant in the following areas:

_____ Personal Discipline	_____ Initiative	_____ Spiritual Maturity
_____ Making New Friends	_____ Consistency	_____ Finishing Projects
_____ Leadership Abilities	_____ Listening	_____ Submission to Authority
_____ Lifestyle Example	_____ Positive Speech	_____ Self-Confidence
_____ Response to Correction	_____ Obedience	_____ Maintaining Friendships
_____ Financial Discipline	_____ Punctuality	_____ Faithfulness

Please comment: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

---

**SECTION 4: PARENTAL/GUARDIAN APPROVAL**

Do you fully approve of the applicant participating with Urban’s School of Ministry?    Yes   or   No

Comments (Please describe any reservations or concerns): \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Signature \_\_\_\_\_ Date \_\_\_\_\_

Thank you for completing this recommendation form. Please keep this information confidential and mail it directly to Urban Church at 1501 India Street Suite 103 PMB 18, San Diego, California 92101. Contact us with further questions or comments at 619.231.7745, thank you.

---

# RECOMMENDATION FORM: PASTORAL REFERENCE

Name of applicant (Last) \_\_\_\_\_ (First) \_\_\_\_\_ (Middle) \_\_\_\_\_

The person named above is applying for admission to Urban School of Ministry. The School of Ministry is church related and supportive of pastoral authority in the applicant's life, therefore, we request your cooperation in completing this form. All information will be held in strict confidence.

## SECTION 1: PASTORAL INFORMATION

Name \_\_\_\_\_  
Church \_\_\_\_\_ Position \_\_\_\_\_  
Address \_\_\_\_\_  
City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_  
Phone \_\_\_\_\_ Email \_\_\_\_\_

## SECTION 2: PLEASE ANSWER THE FOLLOWING QUESTIONS

How long have you known the applicant? \_\_\_\_\_ Years \_\_\_\_\_ Months  
In what capacity do you know the applicant? \_\_\_\_\_  
How well do you know the applicant?                      Very Well                      Well                      Casually  
In your opinion, does the applicant know Christ as personal Lord and Savior?      Yes                      No  
Does the applicant demonstrate Christ in her/his lifestyle?                      Yes                      No  
Please describe: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

In your association with the applicant what has been the level of commitment you have seen exemplified?                      Faithful                      Inconsistent                      Other  
Describe the applicant's leadership ability:  
                    Prefers to follow                      Makes some effort to lead                      Good ability                      Exceptional ability  
What are the applicant's strong points (include specific abilities)? \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Has the applicant discussed or counseled with you concerning his/her interest in participating in the Urban School of Ministry?                      Yes                      No  
Would you recommend the applicant to be a part of this School of Ministry?      Yes                      No





