

**TO BE COMPLETED BY APPLICANT**

Employment  Student Teacher  Volunteer  Other  \_\_\_\_\_

Date: M \_\_\_\_\_ D \_\_\_\_\_ Y \_\_\_\_\_

Applicant Name \_\_\_\_\_  
FIRST NAME SURNAME

Applicant Phone number \_\_\_\_\_

Home Church \_\_\_\_\_

Church Attendance - how often do you attend (including online church)? \_\_\_\_\_

How long have you attended? \_\_\_\_\_

Where do you currently volunteer in your Church (including prior to Covid-19)? (explain) \_\_\_\_\_

\_\_\_\_\_  
 \_\_\_\_\_

**TO BE COMPLETED BY APPLICANT**

*These questions are to help your pastor to know you better as they complete your reference.*

1. Please tell how and when you came to know Jesus as your personal Lord and Saviour.
2. Indicate the details (**how and when**) surrounding any rededication you may have done.
3. The Bible tells us that we are to ask God for "Our Daily Bread" and that "God's mercies are new every morning".

How often do you have devotions? Please share something that God has done for you.

Most churches have places where you can volunteer, do you volunteer in your home church, school or community?

If so, where and how often?

**\*Please use a separate page if needed.**

Have you accepted Jesus Christ as personal Lord & Saviour according to Romans 10:9-10?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
My personal devotion life is	<input type="checkbox"/> Daily	<input type="checkbox"/> Weekly <input type="checkbox"/> Rarely

\_\_\_\_\_  
 \_\_\_\_\_  
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 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

**TO BE COMPLETED BY PASTOR**

Dear Pastor,

Requirements for applicants at SCA, are that **Applicants must give clear testimony of Jesus Christ as personal Lord and Saviour and must be actively attending their Christian Church on a regular basis. Volunteering/involvement in the local church should be a natural outflow of being plugged into their local church and is required to be considered. Only applicants living in accordance with God's Word and Springs Church's Statement of Faith will be considered for involvement at SCA.** Please note that due to Covid-19 restrictions, we understand that applicants may be unable to attend church in person and that volunteer opportunities may be limited.

(School Handbook is available to view at <http://springschristianacademy.ca/admissions/admissions/>)

The expectation is for the applicant to arrange a meeting with their local church pastor to complete this reference. Please note that while Springs Church serves as an outreach, Springs Christian Academy is intended to be a Christian school for the active and involved Christian family. SCA serves as an extension of the Christian home and church. Our mandate is to build upon each family's sincere growth in Christ. As such, in filling out this reference, we need you to tell us about the applicant's church attendance, volunteer involvement, devotional lives and review their response on the previous page as this is the criteria vital for involvement at SCA.

**TO BE COMPLETED BY PASTOR AFTER ARRANGED MEETING WITH APPLICANT**

- How long have you known this applicant personally? \_\_\_\_\_ (years)      Date received **M**\_\_\_\_ **D**\_\_\_\_ **Y**\_\_\_\_\_
- How many years has this applicant been actively attending and volunteering in your local church? \_\_\_\_\_
- Confirm this applicant's church attendance, as stated on the front of this form. weekly // monthly // rarely \_\_\_\_\_
- Where does this applicant volunteer in your church? \_\_\_\_\_
- List some specific ways in which you feel that this applicant is demonstrating a living relationship with the Lord Jesus Christ:  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_
- In your opinion, does this applicant meet the requirements for SCA?**     Yes     No  
\*By checking yes, you have read the requirements and expectations listed above.  
\*Your Pastoral Reference will be kept in confidence.
- Please feel free to make any additional comments about this applicant.  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

\_\_\_\_\_  
Pastor's Name (Please Print)

.....  
Pastor's Signature

\_\_\_\_\_  
Church Name

Date signed **M**\_\_\_\_ **D**\_\_\_\_ **Y**\_\_\_\_\_

\_\_\_\_\_  
Church Address

Pastor's Phone Number \_\_\_\_\_

Pastor's Email Address \_\_\_\_\_

*(Please submit the complete form to [info@springs.ca](mailto:info@springs.ca) or fax at 204-257-1286).*

Document Updated January 2021

**For office use only:**

**Date Received:**    **M**\_\_\_\_ **D**\_\_\_\_ **Y**\_\_\_\_\_

**Received by:**    \_\_\_\_\_

**Does this applicant meet the requirements for SCA?** Yes // No