



RBTC
Application for Pastors

Personal and Family Information

Date _____

1. Name _____
First Middle Last

2. Address _____

3. Telephone number _____ E-mail _____

4. Date of birth _____ Place of birth _____

5. Country of citizenship _____

6. Marital status

Are you now: ☐ single ☐ engaged ☐ married

(check one please)

☐ widowed ☐ separated ☐ divorced

Have you ever been divorced? Yes ____ No ____

Note: Because of the requirements of 1 Tim. 3:1-7, BTCP does not accept applicants who have been divorced. Similarly, women are not accepted as students being trained to be pastors, elders, or deacons. Women and divorced men should instead apply for admission to a BTCL class (see Form 2, p. 171). Prospective students who have been divorced will need to schedule an interview with the Director of Missions, Michael Petty, before enrollment is complete. Based on 1 Timothy 3:1-7 women will need to enroll in and complete the Church Leader track rather than Pastors Track.

If married please give:

Name of wife _____

Address if different from yours _____

Date of marriage _____

Is your wife a Christian? Yes _____ No _____

Is your wife in agreement with this application and your training at
RBTC for Pastors? _____

7. How did you learn about the Ridge Bible Training Center for Pastors?

8. How would you describe the kind of training which you
believe is offered by **RBTC**?

Medical Information

This information is requested in the event of a medical emergency during a class

1. How would you describe your general physical health?

☐ good ☐ fair ☐ poor

2. If fair or poor, please explain. Do you have any diseases,
physical disabilities or infirmities which would hinder your
learning.

Educational Background

1. Please describe your educational training to date.

_____	_____
_____	_____
_____	_____
_____	_____

2. Have you ever had any theological, Bible college,
seminary or correspondence/extension training? Please
describe.

_____	_____
_____	_____
_____	_____
_____	_____

Church or Denominational Membership

Name of church

Address

Denomination

1. What is your pastor's name and email address?

2. If you are a pastor, to which other elder, pastor or church official are you responsible?

Name of pastor

Email Address

Financial Information

How do you intend to financially support your family while you are in training? _____

Can you reasonably contribute to the payment of required fees? _____

Christian Experience

1. Have you personally received Jesus Christ as your Savior? Yes ____ No ____

When _____ Where _____

2. **Briefly** describe your salvation experience and what you believe the Bible requires for salvation.

3. Please describe your current personal spiritual condition or level of spiritual maturity.

Vocational/Ministry Plans

1. Why do you desire to attend this **RBTC** class and how do you intend to specifically use the training you receive through **RBTC** in serving Christ and His church?

2. In what church and/or ministry activities are you now involved?

3. Are you ordained or licensed as a pastor? _____. If so, by whom?

Personal Beliefs and Qualifications

1. Have you read and understood the complete **RBTC** Statement of Faith and are you substantially in agreement with it? Yes ____ No ____
2. Please list any specific areas of disagreement with the Statement of Faith. _____

3. Do you know of any reason why you should not attend **RBTC**? No ____ Yes ____ If so, please explain.

4. Is there anything which might disqualify you biblically from being a pastor based on **1 Tim. 3:1-7** and **Tit. 1:6-9**?
No ____ Yes ____ Explain. _____

References

Please list two (2) professional or personal friends who could recommend you for the **RBTC for Pastors** training.

<u>Name</u>	<u>Position</u>	<u>Address</u>	<u>Phone #</u>
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1. _____
2. _____

ACKNOWLEDGEMENT

I hereby certify that the information on this application is true and correct to the best of my knowledge and belief. I further acknowledge my substantial agreement with the **RBTC** Statement of Faith and agree to obey all rules and regulations of the class if accepted as a student.

I understand that this application will be reviewed by an application committee, that I will be contacted for a personal interview, and the references I have listed will be contacted.

If accepted as a student, I understand that I may be dismissed as a student at the discretion of those responsible for my class at any time for academic or other reasons where it is determined that my continued participation is not wise for me and/or those sponsoring or conducting the training.

Signature

Print Name