

# **RIVERVIEW BAPTIST BIBLE INSTITUTE CAMPUS APPLICATION**

This Application needs to be filled out for those who are taking courses from RBBI for credit!

Name \_\_\_\_\_ Date \_\_\_\_/\_\_\_\_/\_\_\_\_

Riverview Baptist has one of the largest children ministries in the Western states. The church also has an active Christian school. Because of these ministry considerations, Riverview Baptist Bible Institute does not enroll students with a sexual offence background. A background check is completed on all students. Do you have a sexual offence background? ☐ Yes ☐ No

E-mail address: \_\_\_\_\_

Telephone numbers: Work # \_\_\_\_\_ Home # \_\_\_\_\_

Address: \_\_\_\_\_

Birth date: \_\_\_\_/\_\_\_\_/\_\_\_\_ ☐ Male ☐ Female

☐ Single ☐ Engaged ☐ Married ☐ Remarried ☐ Divorced ☐ Separated ☐ Widowed

Spouse's name: \_\_\_\_\_

Birth date: \_\_\_\_/\_\_\_\_/\_\_\_\_

Names and ages of your children: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

I have a High School diploma or a GED? ☐ Yes ☐ No

Social Security # \_\_\_\_\_

## **Emergency Contact**

Name: \_\_\_\_\_

Phone: \_\_\_\_\_

## **Consent for Treatment**

In case of emergency, I/ We hereby agree to the performance of such treatment, including anesthesia and surgery, or any other treatment that an attending doctor or physician may deem necessary.

Applicant's signature \_\_\_\_\_ Date \_\_\_\_\_

Name of College or Institution; Address; Dates Attended; Hours completed

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

## **RELEASE OF LIABILITY**

I do hereby release Riverview Baptist Bible Institute and Riverview Baptist Church including its staff agents and volunteer assistants from any liability whatsoever arising out of any injury, damage or loss sustained by said persons during the course of involvement with RBBI.

Applicant's signature \_\_\_\_\_ Date \_\_\_\_\_

## **HEALTH FORM**

TO THE APPLICANT: This information will be treated confidentially.

Other conditions or illness - Please specify

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

Are you at present under the care of a doctor for any condition? ☐ Yes ☐ No

If Yes, please specify: ☐ Yes ☐ No

Do you have a history of emotional instability or psychiatric treatment? ☐ Yes ☐ No

If Yes, please specify: \_\_\_\_\_

References - Friend / Co-worker/ Pastor

*Could you please list the people to whom you are utilizing for a reference.*

Name \_\_\_\_\_

Address \_\_\_\_\_

Phone \_\_\_\_\_

Name \_\_\_\_\_

Address \_\_\_\_\_

Phone \_\_\_\_\_

Name \_\_\_\_\_

Address \_\_\_\_\_

Phone \_\_\_\_\_

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

Pastor Telephone \_\_\_\_\_

Intended enrollment date (Fall semester/ Spring semester/Year): \_\_\_\_\_

#### LIFE HISTORY

*Please answer the following questions on separate sheets of paper. Answer as completely as possible. Use as many pages as necessary.*

- Explain your conversion (Born Again salvation experience).
- Comment on your devotional life. Include such issues as prayer, Bible reading, and Bible study.
- Do you have a history of abuse, either verbal, physical, or sexual?

I certify that I have read and agree to the Riverview Baptist Bible Institute Guidelines and the RBBI Statement of Faith as shown by my signature below.

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

You have two ways to submit this application to us at RBBI. You may mail it to us at:

RBBI

Dr. Robson

4921 West Wernett

Pasco, WA 99301

Or you may scan to e-mail.

Dr. Robson at: [rrbi@rvbc.us](mailto:rrbi@rvbc.us)