

INTERLINK MINISTRIES, INC.

PO Box 460 • Apple Creek, Ohio 44606 | (330) 698-5465 | info@interlinkministries.org | www.interlinkministries.org

Applicant Evaluation

Applicant's Name _____ Date _____

1. Your Name _____

Email _____ Phone _____

2. How long have you known the applicant and in what capacity?

3. To the best of your knowledge; has the applicant made a meaningful personal commitment to Jesus Christ? _____ **(If "No" do not continue with evaluation)**

Please rate each category below as: (5=Excellent, 4=Above Average, 3=Average, 2=Have Concerns, or 1=Not Known)

SPIRITUAL

Faithful in Christian work ___
Spiritual Maturity ___
Personal witness ___
Consistency of testimony ___
Humility ___
Devotional Practice ___

PHYSICAL/EMOTIONAL

Health ___
Patience ___
Emotional stability ___

SOCIAL

Consideration of others ___
Friendliness ___
Compassion for others ___

PRACTICAL

Initiative ___
Perseverance ___
Flexibility ___
Dependability ___
Integrity ___

Please comment on any of the above:

4. Would you appoint the applicant to a position of responsibility in a christian ministry if it were your duty to choose and why?

5. Please state frankly your opinion of the applicant's all-around fitness for ministry service.

Please return form to: info@interlinkministries.org or Interlink Ministries, PO Box 460, Apple Creek, OH 44606

OFFICE NOTES: _____