

Evaluation of Applicant for Ministry Service

Applicant's Name: _____ Date: _____

1. **Your** Name: _____

Email: _____ Phone: _____

2. How long have you know 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: (Excellent, above average, average, have concerns, or Not known)

SPIRITUAL:

Faithful in Christian work =

Spiritual Maturity =

Personal witness =

Consistency of testimony =

Humility =

Devotional Practice =

Please comment on any of the above: _____

PHYSICAL AND EMOTIONAL:

Health =

Patience =

Emotional stability =

Please comment on any of the above: _____

SOCIAL:

Consideration of others =

Friendliness =

Compassion for others =

Please comment on any of the above: _____

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 spiritual 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: interlinkfamily@aol.com

OFFICE NOTES: _____