



1. c STATEMENT FROM PASTOR OF THE HOME CONGREGATION

(Name of candidate)

(Address)

desires to prepare for rostered ministry as a _____ and has applied for registration. Please give your appraisal of the qualifications of the above-named rostered ministry candidate. Your reply will become part of the candidate's file which is open to the candidate.

1. Date on which the candidate was received as a member of your congregation.

(month/day/year)

2. How long have you known the candidate? _____

3. Please check the areas of congregation life in which the candidate has participated:

Activity

Description

Choir

Visitation

Stewardship

Youth Ministry

Social Ministry

Worship

Educational Ministry

Evangelism

Other

4. Rate the candidate's qualities in the areas listed below.

Use (+) for above average; (A) for average; (-) for below average:

Leadership

Interpersonal skills

Conscientiousness

Self-confidence

Initiative

Self-discipline

Maturity

Tact

Scholastic ability

Commitment to serve

Communication skills

Religious awareness

Comments:

5. What factors/influences do you think led the candidate to consider a church occupation?

6. Are there any matters regarding the candidate's circumstances or health that might hinder serving as a professional leader?

7. What strengths do you think this candidate brings to the rostered ministry under consideration?
Please include specific details to support your observations.

8. Describe any areas in which the candidate might need guidance in order to qualify for the occupation under consideration?

9. If you were asked to vote on approving this candidate for the rostered ministry under consideration, how would you vote?

Yes Yes, but with reservations No

Please explain.

Date: _____ Signature: _____

Congregation: _____

Address:

Telephone: _____

E-mail: _____

We appreciate your evaluation and thank you for your co-operation.

PLEASE RETURN TO:
(Synod Office address)