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RECOMMENDATION FROM CONGREGATIONAL COUNCIL

(Name of candidate)

(Address)

desires to prepare for a rostered ministry as a _____ and has applied for registration.

Ministry belongs to the whole people of God, but the church identifies certain people in the community as professional leaders. No individual enters into such service alone or becomes a professional leader merely by his or her personal decision. Rather, responsibility for recruitment and preparation of professional leaders is a shared responsibility. Your partnership is requested at this time in endorsing/supporting a candidate from your congregation. As a council, please discuss this person's candidacy for professional leadership and respond to the following questions. Your reply will become part of the candidate's file which is open to the candidate.

1. Is this candidate well known hardly known (check one) by the majority of Congregational Council members? Explain.

2. Has this candidate been an active member of this congregation? Please cite some of the activities in which this candidate is, or has been, involved.

3. Rate the candidate's qualities in the areas listed below. Use (+) for above average; (A) for average; (-) for below average:

- | | |
|---|---|
| <input type="checkbox"/> Leadership | <input type="checkbox"/> Interpersonal skills |
| <input type="checkbox"/> Conscientiousness | <input type="checkbox"/> Self-confidence |
| <input type="checkbox"/> Initiative | <input type="checkbox"/> Self-discipline |
| <input type="checkbox"/> Maturity | <input type="checkbox"/> Tact |
| <input type="checkbox"/> Scholastic ability | <input type="checkbox"/> Commitment to serve |
| <input type="checkbox"/> Communication skills | <input type="checkbox"/> Religious awareness |

Comments on candidate's qualities:

4. What special qualifications does the candidate have for the occupation under consideration?

5. In your opinion, what are some of the areas in which the candidate might need guidance?

6. 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

President's or Chairperson's signature

Date

Secretary's signature

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

PLEASE RETURN TO:
(Synod Office address)