



1. e STATEMENT FROM NON-RELATIVE

(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 church occupation candidate. Your reply will become part of the candidate's file which is open to the candidate.

1. In what capacity have you known the candidate? _____

For how long? _____

2. How well do you know the candidate? Very well Well Only casually

Please explain:

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:

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

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

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

7. 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: _____ Occupation: _____

Address:

Telephone: _____ E-mail: _____

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

PLEASE RETURN TO:
(Synod Office address)