

EVANGEL ASSOCIATION OF CHURCHES AND MINISTRIES

RECOMMENDATION EVALUATION FORM — LICENSE / ORDINATION

EACM • 28491 Utica Rd. • Roseville, Michigan 48066 • (586) 773-6568

(To be filled out by a Minister, family member over 18, or friend)

PLEASE ANSWER THE QUESTIONS AS COMPLETELY AS POSSIBLE AND RETURN THIS FORM IMMEDIATELY TO ABOVE ADDRESS

Name Of Applicant: _____ Date: _____

(Note to Applicant: Please fill in your name first before submitting this form to the person you are seeking referral)

You have been asked by the candidate for a referral for information which will serve as a guide to Evangel Association of Churches and Ministries in making a decision concerning this applicant, and their ministerial credentials. We appreciate your assistance as we seek to fulfill our responsibilities to God in the task He has given to us. Ministerial candidates should be chosen with great care. It is essential that you be frank, accurate and fair in your remarks and estimations. Your reply will be treated confidentially. Please complete and return this form to the address above. If you do not have sufficient knowledge about the applicant regarding any question below, or it does not apply to you, please do not answer the question. Thank you for your early response.

I. GENERAL QUESTIONS: Please check box and/or fill in blanks

1. How well do you know the above named applicant? ☐ Very Well ☐ Fairly Well ☐ Casually
2. Does the applicant adhere to the statement of beliefs of the Christian Faith? ☐ Yes ☐ No
3. Does the applicant have a consistent Christian testimony and influence? ☐ Yes ☐ No
4. Does applicant have good basic knowledge of scriptures? ☐ Yes ☐ No
5. Does applicant usually finish what he/she starts? ☐ Yes ☐ No
6. Has he/she ministered (or still does) in any capacity in their ministry, yours or a church? ☐ Yes ☐ No
7. Has applicant been credentialed with your organization? ☐ Yes ☐ No How long? _____ ☐ Licensed? or ☐ Ordained?
8. In your opinion, has applicant shown attitude of loyalty to the vision of your organization or their local church? ☐ Yes ☐ No
9. Do you have reasons to believe applicant will not remain permanently in some form of the ministry? ☐ Yes ☐ No Explain: _____

10. What are some of applicant's talents, spiritual gifts or special abilities that you have observed? _____

II. QUALIFICATIONS: Please indicate by (X) your rating & evaluation which describes applicant's qualifications in areas of:

	EXCELLENT	GOOD	FAIR	POOR
1. Dependability	()	()	()	()
2. Intelligence	()	()	()	()
3. Initiative & Incentive	()	()	()	()
4. Personality	()	()	()	()
5. Domestic Adjustment (Spouse & Children)	()	()	()	()
6. Relationship (Compatibility) With Others	()	()	()	()
7. Personal Appearance	()	()	()	()
8. General Health	()	()	()	()
9. Attitude Toward Financial Obligations	()	()	()	()
10. Dedication To Ministry	()	()	()	()
11. Willingness To Serve	()	()	()	()
12. Emotional Stability	()	()	()	()
13. Thoughtfulness Of Others	()	()	()	()
14. Sense Of Humor	()	()	()	()
15. Overall Ministerial Skills	()	()	()	()

III. MINISTERIAL ABILITIES: Please indicate by (X) what you have observed & best describes applicant's ministerial abilities:

	EXCELLENT	GOOD	FAIR	POOR
1. Preaching	()	()	()	()
2. Teaching	()	()	()	()
3. Youth Activities	()	()	()	()
4. Music	()	()	()	()
5. Evangelism	()	()	()	()

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	EXCELLENT	GOOD	FAIR	POOR
6. Prophetic	()	()	()	()
7. Prayer	()	()	()	()
8. Personal Ministry	()	()	()	()
9. Counseling	()	()	()	()
10. Pulpit Presentataion	()	()	()	()
11. Administrative Skills	()	()	()	()
12. Discernment	()	()	()	()
13. Integrity	()	()	()	()
14. Ministry Work Attitude	()	()	()	()
15. Other: _____	()	()	()	()

IV. **PRACTICAL EVALUATIONS:** Please indicate by (X) in your opinion and judgement what best describes applicant's life in:

	EXCELLENT	GOOD	FAIR	POOR
1. Loyalty	()	()	()	()
2. Respect For Authority	()	()	()	()
3. Perseverance	()	()	()	()
4. Punctuality	()	()	()	()
5. Integrity	()	()	()	()
6. Judgment & Common Sense	()	()	()	()
7. Financial Status	()	()	()	()
8. Stewardship Of Time	()	()	()	()
9. Business Ability	()	()	()	()
10. Neatness & Organization	()	()	()	()

V. **LIMITATIONS:** No person is without weak points. Listed below are some tendencies which, if present, may reduce the effectiveness of a minister's work and witness. Please indicate with (X) the obvious apparent traits of this applicant which you have observed:

SELDOM • SOMETIMES • OFTEN				SELDOM • SOMETIMES • OFTEN			
1. Anxious/Impatient	()	()	()	11. Unfriendly	()	()	()
2. Argumentative	()	()	()	12. Gossiper	()	()	()
3. Critical	()	()	()	13. Selfish	()	()	()
4. Uncooperative	()	()	()	14. Holds Grudges	()	()	()
5. Domineering	()	()	()	15. Justifies Oneself	()	()	()
6. Moody	()	()	()	16. Jealous	()	()	()
7. Rebellious	()	()	()	17. Lazy	()	()	()
8. Ungrateful	()	()	()	18. Careless	()	()	()
9. Nervous	()	()	()	19. Uncontrolled Temper	()	()	()
10. Complaining	()	()	()	20. Easily Discouraged & Depressed	()	()	()

What in your opinion is the one most "weakest" area of the applicant's life and/or ministry? Please explain: _____

VI. REFERRAL'S INFORMATION:

In your final opinion do you recommend that applicant be granted Ministerial Credentials: Licensed or Ordination? ☐ Yes ☐ No

Your Signature: _____

Print Your Name & Title: _____

Your Address : _____

City/State/Zip: _____

() _____ () _____ () _____ () _____
Home phone Work phone Beeper Number Cellular Phone

Name of your church/ministry/organization & title: _____

Address of your church/ministry/organization: _____

Use this space to write any additional comments or explanations which you feel may be helpful in our consideration of this applicant:
