

CONFIDENTIAL EVALUATION FOR INSTITUTIONAL CHAPLAINCY ENDORSEMENT/APPROVAL

This is a confidential evaluation sent to you by an applicant seeking a position as an Institutional Chaplain or affiliation with/membership in a required Professional Organization. Upon completion, it should be sent directly to: Credentials Services Coordinator, Church of God Ministries, P. O. Box 2420, Anderson, IN 46018-2420

Applicant's Name: _____

Applying For: _____

WAIVER OF RIGHTS**

I hereby waive my right to have access to this evaluation form when completed and understand that this confidential evaluation is to be used only in consideration of my application for ecclesiastical endorsement.

Applicant's Signature	Date
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** If this waiver is **signed**, the contents of this form will be held in strict confidence. If it is **not signed**, the Church of God Ministries is obligated, upon request, to share its contents with the applicant.

How long have you known the applicant? _____

Under what circumstances? _____

Please check your estimate of the applicant with regard to the qualities/roles below:

	<u>excellent</u>	<u>good</u>	<u>satisfactory</u>	<u>fair</u>	<u>poor</u>	<u>don't know</u>
adaptability in times of change - - - -	_____	_____	_____	_____	_____	_____
administrator - - - - -	_____	_____	_____	_____	_____	_____
counselor - - - - -	_____	_____	_____	_____	_____	_____
emotional stability - - - - -	_____	_____	_____	_____	_____	_____
equal opportunity advocate - - - - -	_____	_____	_____	_____	_____	_____
initiative/resourcefulness - - - - -	_____	_____	_____	_____	_____	_____
interpersonal relationships - - - - -	_____	_____	_____	_____	_____	_____
leader - - - - -	_____	_____	_____	_____	_____	_____
man/woman of God - - - - -	_____	_____	_____	_____	_____	_____
maturity - - - - -	_____	_____	_____	_____	_____	_____
moral integrity - - - - -	_____	_____	_____	_____	_____	_____
pastor - - - - -	_____	_____	_____	_____	_____	_____
planner/leader of worship - - - - -	_____	_____	_____	_____	_____	_____
preacher/oral communicator - - - - -	_____	_____	_____	_____	_____	_____
sense of humor - - - - -	_____	_____	_____	_____	_____	_____
tactfulness - - - - -	_____	_____	_____	_____	_____	_____
team player - - - - -	_____	_____	_____	_____	_____	_____
teacher/leader of classes/small groups	_____	_____	_____	_____	_____	_____

working under authority - - - - - _____
writing skills - - - - - _____

In your judgment, is the applicant sufficiently familiar with and committed to the generally accepted principles, beliefs, and lifestyle of the Church of God reformation movement to be its representative in the pluralistic environment that is normal to institutional chaplaincy? _____
If no, please explain. _____

Would the applicant function effectively in an environment in which he/she may sometimes have to try to minister meaningfully to someone from a significantly different religious background – Roman Catholic, LDS, Jewish, Islamic? _____

In your judgment, is the applicant's spouse in favor of this application? _____

Please make any additional comments that you believe would be helpful in evaluating this applicant's request for endorsement/approval to serve in this Institutional Ministry position or to be a full member of this organization.

Do you ___unreservedly, ___reservedly, ___not recommend this applicant for appointment as a Chaplain?

Signature:

Date:

If you have any questions regarding this form, please contact the Credentials Services Coordinator at 765-648-2189.