

MINISTERIAL EVALUATION SURVEY

Applicant's Name: \_\_\_\_\_

The above applicant has applied for ministry credentials. You are being asked to provide an evaluation for the Texas General Assembly of the Church of God.

1. How long and in what capacity have you known the applicant?
  
2. Do you know of any reasons why this person should not be recommended for ministry credentials?   
yes (*If yes, please explain*)  no
  
3. Have you been aware of any obvious failure or unique success in this person's life and/or ministry?   
yes (*If yes, please explain*)  no
  
4. Does this person hold any theological belief or practice inconsistent with *Church of God* teachings?   
yes (*If yes, please explain*)  no
  
5. What do you consider the applicant's greatest strength to be?
  
6. What do you consider the applicant's greatest weakness to be?
  
7. Evaluate the spouse's attitude contribution to the applicant's calling and ministry?

Please evaluate the applicant in the following areas:

(1: Poor, 2: Acceptable, 3: Good, 4: Excellent, : Don't know)

QUALITY	1	2	3	4	?
<b>Appearance</b> Neatness, grooming, physical fitness					
<b>Emotional Stability</b> Self-control, objectivity, sensitivity to others, mental health					
<b>Attitude</b> Wholesome and positive attitudes toward church and people					
<b>Social Skills</b> Ability to maintain cordial relations; cooperative, tactful, pleasant personality					
<b>Family Life</b> Happy and normal home life with family members					
<b>Knowledge</b> Wide range, informed on Bible, current events, studios					
<b>Response Under Pressure</b> Ability to manage conflict, handles criticism well					

Please make any additional comments below:

<p>Evaluator's Printed Name: _____</p> <p>Evaluator's Signature: _____</p> <p>Phone: _____</p>
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Do not return this form to the candidate. Return to:

TGA State Office  
 c/o Tim Gould  
 3715 Preston Ave.  
 Pasadena, TX 77505