RECOMMENDATION FORM

Clergy Assessment Service
Inner pathways to effective ministry

412 West Hintz Road
Arlington Heights, IL 60004-2439
847-577-5132

PLEASE COMPLETE AND RETURN THIS FORM WITHIN **SEVEN** DAYS

APPLICANT'S NAME_____DATE_____
First Middle Last

EVALUATOR'S NAME_____

ADDRESS_____
Street City State Zip Code

To the Evaluator: The applicant whose name appears above is applying for entrance into ordained and/or other ministries. The applicant has asked that you be one of the several people to evaluate him/her in this regard. Your response is needed. Please bear in mind that an evaluation containing only positive ratings is one-sided and therefore of little value to either the applicant or those working with her/him. Positive statements about an applicant are much more believable when the evaluation has been thorough enough to also include areas of concern or limitations. The material will be used in the screening and nurture of the applicant as it relates to application for ministry. Please complete the following and return to CLERGY ASSESSMENT SERVICE. A self-addressed envelope has been enclosed.

In what capacity did you know the applicant? _____

Indicate the extent of your contact during the time of your association with the applicant:

Daily_____ Frequently_____ Infrequently_____ From (give dates):_____to_____

In the section below place a check mark in the box that represents your estimate of the degree to which the applicant demonstrates each of the following qualities as compared to other pastors with whom you are acquainted.

	THE APPLICANT IS:					
QUALITIES	Superior to any of them	in the top 20 %	average	in the bottom 20 %	lower than all others	do not know
1. Integrity and/or morality…….						
2. Aptitude for ministry……...						
3 Willingness to pursue tasks to completion……..						
4. Reliability and promptness with assignments…….						
5. Ability to work independently…….						
6. Ability to organize responsibilities and tasks…….						
7. Ability to work with people……						
8. Degree of flexibility and ability to adapt……						
9. Ability to learn, understand, assimilate knowledge						
10. Ability to express self in writing…….						
11. Ability to express self orally……...						
12. Personal appearance……						
13. Reputation (what others think of the applicant)…..						
14. Family relationships (parents, spouse, children)….						
15. Management of personal (family) finances……...						
16. Handles stressful situations appropriately…….						
17. Ability to accept evaluation of performance……...						
18. Other:……..						

Please check the **FIVE WORDS** from among the following list that best describe the applicant. Feel free to insert words of your own choosing in the lines provided if they would fit better.

( ) Outgoing	( ) Inquisitive	( ) Concerned	( ) Shy	( ) Assertive	( ) Complacent	( ) Creative
( ) Mature	( ) Well-groomed	( ) Tolerant	( ) Dependable	( ) Probing	( ) Cooperative	( ) _____
( ) Quiet	( ) Serious	( ) Loyal	( ) Initiator	( ) Cheerful	( ) Dedicated	( ) _____
( ) Follower	( ) Competent	( ) Relaxed	( ) Thorough	( ) Trustworthy	( ) Enthusiastic	( ) _____
( ) Determined	( ) Self-centered	( ) Reserved	( ) Sensitive	( ) Inventive	( ) Congenial	( ) _____
( ) Energetic	( ) Friendly	( ) Motivated	( ) Confident	( ) Leader	( ) Aggressive	( ) _____

(Continued on other side)

TO THE EVALUATOR: The information you provide will be received, reviewed, and retained by the Pastoral Evaluator only. Your ratings and pertinent comments will be reviewed in light of reports from other evaluators and appropriate test data. This information will be combined in a report that is made available to the reviewing committee. Individual evaluators will not be identified, nor will the applicant have access to the responses offered on the recommendations forms.

COMMENTS:

1. Please list strengths this person brings (could bring) to ministry.

2. Please comment on the applicant's ability to communicate personally and in social situations.

3. Please list any areas in which you feel the applicant should improve in order to enhance his/her personal and/or professional effectiveness.

4. Please list any concerns you have about the applicant.

5. Other pertinent comments or observations.

Evaluator's Signature_____ Date_____