

8. **From personal knowledge of this individual, would you?**

- Highly recommend him/her as a qualified candidate for ministerial training.
- Recommend him/her as a qualified candidate for ministerial training.
- Recommend him/her with slight reservations as a candidate for ministerial training.
- Hesitate in recommending him/her as a qualified candidate for ministerial training.
- Be unable to honestly recommend him/her as a qualified candidate for ministerial training.

(If you checked any of the last three, please explain.) _____

9. **Emotional Evaluation:** Very Stable Stable Unstable Very Unstable

10. **Does the applicant respond well to authority?** Yes No—Please explain further in #18.

11. **The applicant's spiritual influence on others is:** Positive Neutral Negative

12. With what sort of companions does he/she usually associate?

13. Have you ever known the applicant to engage in questionable moral conduct? Yes No

If so, please explain. _____

14. Please describe the applicant's home life and/or marriage.

15. Have you noted physical weaknesses or emotional problems that would hinder the applicant in an intense academic environment? _____

16. To your knowledge, does the applicant: Use tobacco products Drink alcoholic beverages Use illegal drugs
Comments: _____

17. What do you consider the applicant's strong points? (Include positive personal traits.)

18. What do you consider the applicant's weak points? (Include negative personal traits.)

19. Please share with us any information you may have about the applicant that would help in our evaluation.
(This information could cover recent experiences or incidents in the applicant's life, or even a general personality appraisal.)

20. To your knowledge, has the applicant ever been accused, questioned, or investigated for child abuse, child neglect, or child molestation? If yes, please explain. _____

21. To your knowledge, has the applicant ever been accused, questioned, or investigated for spousal abuse? If yes, please explain. _____

PRINT	Signature _____	Date _____
Your Name _____	Your Age <input type="checkbox"/> 18–25 <input type="checkbox"/> 26–35 <input type="checkbox"/> 36–50 <input type="checkbox"/> 51 & over	
Your Phone Number () _____	Are you a RHEMA graduate? _____ Year _____	
Address _____	Are you <input type="checkbox"/> Licensed? <input type="checkbox"/> Ordained?	
City _____ State _____ ZIP _____	Organization _____	
Position _____		

The deadline for international applications is **July 1st**. The deadline for stateside applications is **August 15th**.

PASTOR'S EVALUATION

Name of Applicant

LAST FIRST MIDDLE

APPLICANT'S CONTACT NUMBER _____

APPLICANT: PLEASE READ BEFORE DISTRIBUTING FORM. This form should be completed by *your pastor* (or associate pastor if church is over 500 people). **If your father or a close relative is your pastor, please refer the form to the assistant pastor or lay leader in your church.** If a person other than your pastor (or assistant pastor) completes the form, an explanation should be provided.

I understand that this confidential statement will be submitted to RHEMA with the understanding that its contents will not be shared with me. I hereby waive my right to see the confidential statement submitted on this form.

Applicant's Signature _____

Date: mm / dd / yy

RHEMA BIBLE TRAINING CENTER

P.O. Box 50126 • TULSA, OK 74150-0126

- 1st year
 2nd year
 3rd year School of Pastoral Ministry
 3rd year School of World Missions
 3rd year School of Worship
 3rd year General Extended Studies



EVALUATOR: Each applicant for admission to RHEMA must submit three evaluations to complete his/her application. Serious consideration will be given to your comments. Please complete this form carefully and in privacy. Since we request a candid evaluation, we will hold your comments in strictest confidence. Therefore, we ask that this completed form be mailed directly to RHEMA.

- How long have you known the applicant? _____ year(s) _____ month(s)
- Has your relationship been:

<input type="checkbox"/> Intense	<input type="checkbox"/> Very close	<input type="checkbox"/> Close	<input type="checkbox"/> Casual
<input type="checkbox"/> Intermittent	<input type="checkbox"/> Distant	<input type="checkbox"/> Other _____	
- Please check the area of his/her involvement in the church:

<input type="checkbox"/> Usher	<input type="checkbox"/> Music	<input type="checkbox"/> Teacher	<input type="checkbox"/> Youth
<input type="checkbox"/> Children	<input type="checkbox"/> Sound	<input type="checkbox"/> Prayer Room	
<input type="checkbox"/> Other, please specify _____			

4. Please evaluate his/her personal character.

	Excellent	Good	Fair	Poor	Unknown
Honesty					
Financial responsibility					
Dependability					
Cooperativeness					
Academic ability					
Ability to work with others					
Ability to lead others					
Personal cleanliness					
Consideration for others					
Moral character					
Acceptance of instruction and/or discipline					

5. How industrious is he/she as a student or worker?

- | | |
|-----------------------------------------------------------------------|------------------------------------------------------------------|
| <input type="checkbox"/> Usually conscientious, hard worker | <input type="checkbox"/> Works harder than most students/workers |
| <input type="checkbox"/> Does about as much work as most other people | <input type="checkbox"/> Works less than most others |
| <input type="checkbox"/> Very lazy | <input type="checkbox"/> Have no basis for judgment |

Comments _____

6. Please list attributes which best describe the applicant's attitude toward the church and its activities.

7. Is the applicant prompt in paying his/her bills? Yes No

Comments _____

(Please complete reverse side)

