

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 question 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 yes, please explain. _____

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

15. Have you noted physical weaknesses, emotional problems, or learning difficulties 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 of, questioned about, or investigated for child abuse, child neglect, or child molestation? If yes, please explain. _____

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

PRINT

Your Name _____ Your Age 18–25 26–35 36–50 51 & over
 Your Phone Number () _____ Are you a Rhema graduate? _____ Year _____
 Address _____ Are you Licensed? Ordained?
 City _____ State _____ ZIP _____ Organization _____
 Position _____

Signature _____ **Date** _____