

CONFIDENTIAL EVALUATION FOR INSTITUTIONAL CHAPLAINCY CERTIFICATION / ENDORSEMENT / APPROVAL

This is a confidential evaluation sent to you by an applicant seeking ecclesiastical endorsement or approval for ministry as a Military Chaplain. Upon completion, it should be sent directly to:

Rev. Robert M. Green, Endorsing Agent, Full Gospel Fellowship of Churches and Ministers International, Inc., PO Box 15061, Washington DC 20003.

Applicants Name: _____

Military Branch of Chaplaincy applying for: _____

WAIVER OF RIGHTS**

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

Applicants Signature

Date

If this waiver is **signed, the contents of the form will be held in strict confidence. If it is **not signed**, the Endorsing Agent for Chaplaincy Ministries is obligated, upon request, to share its contents with the applicant.

How long have you know 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 relationship	_____	_____	_____	_____	_____	_____
Leader	_____	_____	_____	_____	_____	_____
Man/Woman of God	_____	_____	_____	_____	_____	_____
Maturity	_____	_____	_____	_____	_____	_____
Moral integrity	_____	_____	_____	_____	_____	_____
Pastor	_____	_____	_____	_____	_____	_____
Planner/leader of worship	_____	_____	_____	_____	_____	_____
Preacher/oral communicator	_____	_____	_____	_____	_____	_____

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	<u>Excellent</u>	<u>Good</u>	<u>Satisfactory</u>	<u>Fair</u>	<u>Poor</u>	<u>Don't Know</u>
Sense of humor	_____	_____	_____	_____	_____	_____
Tactfulness	_____	_____	_____	_____	_____	_____
Team Player	_____	_____	_____	_____	_____	_____
Teacher/leader of 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 Christian Faith to be its representative in the pluralistic environment that is normal to institutional Chaplaincy? Yes ____ No ____ 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 applicants spouse in favor of this application? _____

Please make any additional comments that you believe would be helpful in evaluating this applicants request for certification/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 Endorsing Agent for Chaplain Ministries at (301) 324-1980