

Joy El Ministries 4.12 Leadership Training Program
PASTOR/YOUTH PASTOR EVALUATION

Name of Applicant: (Last) _____ (First) _____

Pastor's Name _____ Church _____

Address (Pastor/Church) _____
Street City State Zip

Phone (_____) _____

1. How long has the applicant attended your church? _____

2. Is the applicant a member of your church? _____

3. How would you describe the relationship of the applicant to the local church?

4. What involvement does the applicant have in your church?

5. How often does the applicant attend Sunday School and church? (circle please)

once a month

2-3 times per month

every Sunday

6. Please circle the response(s) which best describes the applicant.

a. Christian Testimony:

obscure
struggling
positive
genuine but lack of growth
profound and contagious
relatively superficial
genuine and growing
other _____

b. Adaptability:

tolerant of differences
critical of different ideas
adapts grudgingly
adapts readily
sensitive to God's leading
other _____

c. Emotional Stability:

excitable
well-balanced
high strung
exceptionally stable
easily frustrated
temperamental
other _____

d. Cooperation:

cooperative under pressure
works well with others
not cooperative
unteachable
other _____

e. Relationship with Parents:

respectful and obedient

considerate

willfully disobedient

puts them down behind their backs

cooperative

other _____

7. Could you recommend this person to be a part of the 4.12 Leadership Training Program at **Joy El Ministries**? Why or why not?

Signed _____

ALL INFORMATION IS HELD IN CONFIDENCE

Please complete and return to:

Joy El Ministries
Camping Ministries Department
3741 Joy EL Drive
Greencastle, PA 17225
717-369-4539