



**CHURCH  
OF GOD**  
MINISTRIES

**INSTITUTIONAL CHAPLAINCY  
CONFIDENTIAL EVALUATION**

This is a confidential evaluation sent to you by an applicant seeking a position as an Institutional Chaplain or affiliation with/membership in a required Professional Organization. Upon completion, it should be sent directly to: Ryan Chapman, Church of God Ministries, P.O. Box 2420, Anderson, IN 46018-2420.

Applicant's Name \_\_\_\_\_

Applying For: \_\_\_\_\_

**WAIVER OF RIGHTS\*\***

I hereby waive my right 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.

\_\_\_\_\_  
Applicant's Signature Date

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

How long have you known the applicant? \_\_\_\_\_

Under what circumstances? \_\_\_\_\_

Please check your estimate of the applicant with regard to the qualities/roles below:

	Excellent	Good	Satisfactory	Fair	Poor	Don't know
Adaptability in Times of Change						
Administrator						
Counselor						
Emotional Stability						
Equal Opportunity Advocate						
Initiative/Resourcefulness						
Interpersonal Relationships						
Leader						
Man/Woman of God						
Maturity						
Moral integrity						
Pastor						
Planner/Leader of Worship						
Preacher/Oral Communicator						
Sense of humor						
Tactfulness						
Team player						
Teacher/Leader of Classes/Small Groups						
Working Under Authority						
Writing Skills						
Self-Care						

In your judgment, is the applicant sufficiently familiar with and committed to the generally accepted principles, beliefs, and lifestyle of the Church of God Reformation Movement 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? Yes / No

In your judgment, is the applicant's spouse in favor of him/her becoming a Chaplain? Yes / No

Please make any additional comments that you believe would be helpful in evaluating this applicant's request for endorsement/approval to serve in an Institutional Chaplain Ministry position.

Do you \_\_\_unreservedly, \_\_\_reservedly, \_\_\_not recommend this applicant for appointment as a Chaplain?

Print Name: \_\_\_\_\_

\_\_\_\_\_  
Signature Date

If you have any questions regarding this form, please contact Ryan Chapman at 765-648-2189 or [rchapman@chog.org](mailto:rchapman@chog.org).