



**CHURCH
OF GOD**
MINISTRIES

**MILITARY CHAPLAINCY
CONFIDENTIAL EVALUATION**

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: Military Chaplain Endorser, rchapman@chog.org

Applicant's Name _____

Military Branch of Chaplaincy 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 military 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

Do you believe the applicant's spouse can readily adapt to changing circumstances, take care of her/his self and their family on their own should his/her duty or assignment as a chaplain be to a place where the family could not go? Yes / No

Do you know of any reason why the applicant could not be world deployable or able to effectively function or minister as a noncombatant within a combat environment? Yes / No

If yes, please explain: _____

Please make any additional comments that you believe would be helpful in evaluating this applicant's request for endorsement to serve in a Military 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 the Military Chaplain Endorser, 864-633-8994 or Militarychaplains@chog.org