ANNUAL BASIC EVALUATION FOR MINISTERS IN TRAINING

Northeast Region

Name of Minister-in-training: _____ Date first set forth: _____

Address: _____ _____

Zip Code_____ Phone: _____ Email: _____

1. **MINISTRY EDUCATION**

   Have you completed the Foundation Courses? □ yes □ no

   Are you presently enrolled in the Foundation Courses? □ yes □ no

   Subjects: □ Bible □ Spiritual Formation □ History of Christianity

   □ Fitly Joined Together □ Ministry Policy Other: _____

STEWARDSHIP

a) Do you tithe your income into the treasury of your local church? □ yes □ no

b) Do you support the financial obligations of your local church? □ yes □ no

c) Do you faithfully attend your church? □ yes □ no

d) Are you endeavoring to learn the operation of the Church? □ yes □ no

e) Do you have a good working relationship with your pastor? □ yes □ no

f) Do you faithfully commit yourself to daily Bible Study and Prayer? □ yes □ no

g) Do you Report Quarterly or will you report Quarterly to Business Conference? □ yes □ no

2. Indicate the specific area of ministry to which you are preparing for:

   Pastoral □ Evangelism □ Teaching □ Small Group/Call Ministry □ Children □

   Youth Ministry □ **Auxiliary Leader**: Regional □ Local □ Mission □

   Deaconry □ Other: _____

To be filled out when submitting the candidate for ministerial licensing

What books have you read in preparation for Ministry? _____

What Seminars/course of study have you attended in the past year to enhance ministry training?

_____

_____

In order for your Certificate to be renewed, you will need the signature of your Pastor.

Pastor Name: _____ Applicant's Name: _____

Pastor's Signature: _____ Applicant's Signature: _____

Date: _____ Date: _____

To be filled out when submitting the candidate for ministerial licensing