



**PASTOR/YOUTH PASTOR EVALUATION**  
**4.12 Leadership Training Program**

Name of Applicant: (Last) \_\_\_\_\_ (First) \_\_\_\_\_

Pastor's Name \_\_\_\_\_ Church \_\_\_\_\_

Address (Pastor/Church) \_\_\_\_\_

Phone (\_\_\_\_\_) \_\_\_\_\_  
Street \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

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 church? (circle please)  
*once a month                      2-3 times per month                      every week*

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 \_\_\_\_\_ Date \_\_\_\_\_

**ALL INFORMATION IS HELD IN CONFIDENCE**

Please complete and return to:

Joy El Generation  
4.12 LTP  
3741 Joy EL Drive  
Greencastle, PA 17225  
717-369-4539