Mail to: **Perry Sanders Center for Ministry Excellence,**
New Orleans Baptist Theological Seminary, 3939 Gentilly Blvd. Box 220, New Orleans, LA 70126
Phone: 800/662-8701, ext. 3726, FAX: 504/816-8170 Email: prodocasst@nobts.edu

Church Leader Reference

Applicant: Please print in ink or type information in this section and forward the form to the individual making the recommendation.

Name _____
Last First Middle

Address _____

City/State/Zip _____

Phone number _____

Degree program you plan to pursue at NOBTS _____

I hereby waive my rights 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 to NOBTS. I also give permission to the individual named in this document as a reference, to release his or her personal information and opinions of me to NOBTS.

I hereby release, discharge, and hold harmless NOBTS, its agents or representatives, and the individual named in this document as a reference from any and all liability of every nature and kind arising out of the furnishing, inspection, and use of such personal information and opinions.

Signature _____ Date _____

To the Recommender: Thank you for taking the time to give your honest evaluation of this applicant. This will help our Admissions Council understand the applicant's potential for ministry. Please note if you feel you cannot adequately answer the questions just sign the form and return to the Perry Sanders Center for Ministry Excellence Office. You may speak with the Perry Sanders Center for Ministry Excellence Office by calling the number at the top of the form.

When completed please mail directly to the Perry Sanders Center for Ministry Excellence Office.

Name of recommender _____

Position or title _____

Address _____

City/State/Zip _____ Telephone _____

Signature _____ Date _____

Evaluation

1. How long have you know the applicant? _____ In what capacity? _____

2. What are the applicant's great strengths? _____

3. What are the applicant's weaknesses? _____

4. How well do you think the applicant has thought through his/her plans for ministry training?
   ❑ Very thoroughly, examined all options ❑ Not sure: should think through his/her plans more ❑ Other

Explain _____

5. Does the applicant evidence a "divine call" to ministry? ❑ Yes ❑ No

If yes, what area of ministry do you believe he/she has been called? _____

6. Please evaluate the applicant on the following by checking the appropriate category.
   S-Superior ***A-Average*** ***NI-Needs Improvement*** ***NO-Not Observed***

QUALIFICATIONS	*S*	*A*	*NI*	*NO*
Christian character				
Denominational soundness				
Leadership ability				
Interpersonal skills				
Sense of responsibility				
Financial responsibility				
Intellectual ability				

QUALIFICATIONS	*S*	*A*	*NI*	*NO*
Oral expression				
Written expression				
Personal appearance/neatness				
Self confidence				
Ability to accomplish tasks				
Ability to work well with others				

7. Does the applicant or spouse/fiancé(e) use tobacco, alcohol, or any drug? ❑Yes ❑No If yes, please explain.

_____

8. Has the applicant or spouse/fiancé(e) ever been arrested for any reason? ❑Yes ❑No If yes, please explain.

_____

9. Does the applicant have any habits that might hinder them from an effective ministry? ❑Yes ❑No If yes, please explain.

_____

10. Has the applicant, in the past or at present, exhibited any sexual behavior that would be unbecoming of a minister?
❑Yes ❑No If yes, please explain.

_____

11. Has the applicant ever been divorced? ❑Yes ❑No

_____

12. Has the applicant's spouse/fiancé(e) ever been divorced? ❑Yes ❑No

_____

13. Are you aware of any problems, in the past or present of the applicant or spouse/fiancé(e) that could affect his or her training for ministry? ❑Yes ❑No If yes, please explain.

_____

14. Do you conscientiously recommend this applicant for ministry training at NOBTS?
❑Highly Recommend ❑Recommend ❑Recommend with reservation ❑Cannot Recommend

If you selected "cannot recommend," please explain.

_____