



RHEMA Ministerial Association International

P.O. Box 50126, Tulsa, OK. 74150-0126

Ministerial Evaluation of Supportive Ministers

This form should be given by RMAI members in supportive ministries (i.e., Associate Pastor, Youth Minister, Children's Minister, Minister of Music, etc.) to their Pastor, or to the head of the ministry for which they work. Both copies of the completed form should be sent directly to RMAI headquarters. Please **print** or **type**.

Name of Supportive Minister	Position
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Region in which supportive minister resides

This supportive minister has worked for me for _____ years _____ months.

Please evaluate this supportive minister in the following areas: (Please check one in each line).

	Excellent	Good	Fair	Questionable	Poor	Unknown
In Christian life and testimony	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
In marriage and family relationships	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
In fulfilling responsibilities	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
In ability to minister	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
In conduct with the opposite sex	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
In moral attitudes and conduct	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
In ministerial ethics	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
In loyalty to church/ministry	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
In commitment and dedication	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
In submission to authority	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
In cooperativeness and flexibility	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
In punctuality	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

If you have checked "questionable" or "poor" in any of the above, give an explanation. If necessary, write the explanation on a separate 8 1/2" X 11" piece of paper and sign it.

Please describe the effect this individual is having on your ministry, your staff, and your church.

Are there any additional comments you would like to share about this individual?

Name of Evaluating Pastor/Head of Ministry	Church/Ministry Name
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Office Address	Office Phone ()
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City	State	Zip
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Name of Body with which you are licensed or ordained

Signature	Date
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