

General Character Evaluation

(By School teacher, Principal, Coach, Professor, Dean or RA.)

APPLICANT'S Instruction - Please fill out the first box only, get this to the leader to fill out & they will than get it to Encounter.
NOTE: To allow leaders to share unhindered, this evaluation is completely confidential and should not be shown or returned to you.

Applicant's First Name:	Applicant's Last Name:	Date:
Area applying to:	Cell:	Email:

LEADER'S Instruction - Please complete this evaluation for the applicant applying to be involved with Encounter God's Presence ministry.
 (It may be at a youth camp, travel event, and/or mission trips.)
 Serious consideration will be given to your input. We want to be careful, protective and wise in caring for children, teenagers, & adults and believe it's our responsibility to choose people that are able to provide healthy, safe, nurturing and Godly relationships that serve with us.
 Please, answer the following questions accordingly. Any special concerns can be discussed individually with the leader of Encounter.
 This application will be kept confidential. Please email or mail yourself to the address at the bottom. Thank you for your help with this.

LEADER'S INFORMATION BELOW:

Leader's Last Name:	First Name:
Email:	Title: Phone:
Name of School:	Department:
Address:	City & State: Zip Code:

1. How long have you known the applicant?	In what capacity?																																										
2. How well do you know him/her? <input type="checkbox"/> Very well, relationship <input type="checkbox"/> Fairly well, numerous personal contacts <input type="checkbox"/> Casually, few personal contacts <input type="checkbox"/> By name/sight																																											
3. To your knowledge, is the applicant trying to be a person living a good life and following the rules? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> I'm not sure																																											
4. Please check the following:	<table style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 15%;"></td> <td style="width: 15%; text-align: center;">Excellent</td> <td style="width: 15%; text-align: center;">Good</td> <td style="width: 15%; text-align: center;">Fair</td> <td style="width: 15%; text-align: center;">Poor</td> <td style="width: 15%; text-align: center;">Unknown</td> </tr> <tr> <td>Moral character</td> <td style="text-align: center;"><input type="checkbox"/></td> <td style="text-align: center;"><input type="checkbox"/></td> <td style="text-align: center;"><input type="checkbox"/></td> <td style="text-align: center;"><input type="checkbox"/></td> <td style="text-align: center;"><input type="checkbox"/></td> </tr> <tr> <td>Emotional stability</td> <td style="text-align: center;"><input type="checkbox"/></td> <td style="text-align: center;"><input type="checkbox"/></td> <td style="text-align: center;"><input type="checkbox"/></td> <td style="text-align: center;"><input type="checkbox"/></td> <td style="text-align: center;"><input type="checkbox"/></td> </tr> <tr> <td>Leadership Ability</td> <td style="text-align: center;"><input type="checkbox"/></td> <td style="text-align: center;"><input type="checkbox"/></td> <td style="text-align: center;"><input type="checkbox"/></td> <td style="text-align: center;"><input type="checkbox"/></td> <td style="text-align: center;"><input type="checkbox"/></td> </tr> <tr> <td>Influence on others</td> <td style="text-align: center;"><input type="checkbox"/></td> <td style="text-align: center;"><input type="checkbox"/></td> <td style="text-align: center;"><input type="checkbox"/></td> <td style="text-align: center;"><input type="checkbox"/></td> <td style="text-align: center;"><input type="checkbox"/></td> </tr> <tr> <td>School Involvement</td> <td style="text-align: center;"><input type="checkbox"/></td> <td style="text-align: center;"><input type="checkbox"/></td> <td style="text-align: center;"><input type="checkbox"/></td> <td style="text-align: center;"><input type="checkbox"/></td> <td style="text-align: center;"><input type="checkbox"/></td> </tr> <tr> <td>Attitude toward authority</td> <td style="text-align: center;"><input type="checkbox"/></td> <td style="text-align: center;"><input type="checkbox"/></td> <td style="text-align: center;"><input type="checkbox"/></td> <td style="text-align: center;"><input type="checkbox"/></td> <td style="text-align: center;"><input type="checkbox"/></td> </tr> </table>		Excellent	Good	Fair	Poor	Unknown	Moral character	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Emotional stability	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Leadership Ability	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Influence on others	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	School Involvement	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Attitude toward authority	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
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Attitude toward authority	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>																																						
5. To your knowledge, in the last 3 years has the applicant: Been Smoking? <input type="checkbox"/> Yes <input type="checkbox"/> No Been drinking? <input type="checkbox"/> Yes <input type="checkbox"/> No Used illegal drugs? <input type="checkbox"/> Yes <input type="checkbox"/> No Involved in Sexual or Questionable Behavior? <input type="checkbox"/> Yes <input type="checkbox"/> No Comments:																																											
6. Please describe relationships or home factors which might affect the applicant's involvement.																																											
7. The applicant's influence on children, youth & adults would usually be: <input type="checkbox"/> Positive <input type="checkbox"/> Neutral <input type="checkbox"/> Negative																																											
8. Do you have any concerns about the applicant's personal character? Please explain.																																											
9. PLEASE CHECK ONE: <input type="checkbox"/> I highly recommend <input type="checkbox"/> I recommend <input type="checkbox"/> I recommend with reservation <input type="checkbox"/> I cannot recommend																																											
If you checked "I recommend <i>with reservation</i> " or "I cannot recommend" please give a brief explanation:																																											

I hereby agree that all information provided is true and complete to the best of my knowledge.

Leader's Signature Date

Please email this to EncounterGodsPresence@gmail.com or mail to...
 Encounter God's Presence 1169 N. Burleson Blvd. Suite 107 #316, Burleson, TX 76040
EncounterGodsPresence.org

