

MINISTER'S SELF EVALUATION FORM

For Commission Renewal Application

*Instructions: Please provide detailed answers and explanations for each question to assist the Ministry Committee in your annual review of your progress and growth. Return directly to: CCIW, 401 W. Jefferson St., Bloomington, IL 61701 **no later than thirty (30) days prior to the candidate's appointment with the Ministry Committee.***

1. Name and mailing Address of Commissioned Minister:

Name: _____

Address: _____

City, State, and Zip: _____

2. What have you done in the past year to improve skills? (Continuing education, seminars, supervised study, etc.)

3. How do you get along with the administrative body?

A. Board, cabinet or executive committee

B. Other Groups – men's group, women's group, youth group, committees, etc.

4. Are there any particular groups with which you have problems?

5. Please evaluate the following:

STRENGTHS

WEAKNESSES

Preaching		
Pastoral Visits		
Counseling		
Committees and Organization		

6. Do you participate in any of the following?

A ministerial Association: ___ Yes ___ No

Joint Activities with Community Churches: ___ Yes ___ No

Cluster Activities: ___ Yes ___ No

Regional Events, Activities: ___ Yes ___ No

Regional/General Assembly World Outreach Emphasis: ___ Yes ___ No

World Outreach Emphasis: ___ Yes ___ No

7. Do you feel you exhibit genuine concern for people? _____

(How do you mix with the congregation in general?)

8. Other comments:

Person submitting this evaluation (please print):

Name: _____ Date: _____

Congregation: _____

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