



Pastor's Evaluation Form

Please fill out completely and return as soon as possible.
Final date for processing: **August 10, 2010**

Please return this completed evaluation form to:
Xtreme Life Training Center
PO Box 823
Alexandria, MN 56308

If you have any questions regarding the Xtreme Life Training Center application, please contact us at:
Phone/Fax 218-943-1084
E-mail: info@xtremelifetc.org

Applicant: Please read before distributing this form. This form should be completed by your pastor. If your father is your pastor, please refer the form to an assistant pastor or lay leader in your church. If a person other than your pastor completes the form, an explanation should be provided. I understand that this confidential statement will be submitted to Xtreme Passion and its contents will not be shared with me. I hereby waive my right to see the confidential statements submitted on this form.

Evaluator: Each applicant for admission to Xtreme Life Training Center must submit three evaluations to complete his/her application. Serious consideration will be given to your comments. Please complete this form carefully and in privacy. Since we request a candid evaluation, we will hold your comments in strictest confidence. Therefore, we ask that this completed form be mailed directly to Xtreme Life Training Center. Your prompt cooperation completing and returning this form (within 7 days) is greatly appreciated.

This section to be completed by applicant:

Name of Applicant _____
Address _____
City _____
State _____ Zip _____
Telephone Number (____)____-_____
Applicant's Signature: _____
Date ____ / ____ / ____

This section to be completed by your Pastor:

- How long have you known the applicant? ____year(s) ____month(s)
 - What has been the nature of your acquaintance?
Pastor____ Assistant Pastor____ Music/Worship Director____ Youth/Children's Pastor____
Co-Worker____ Fellow Member____ Other (please specify) _____
 - Has your relationship been: Intense?____ Very Close?____ Close?____ Casual?____ Intermittent?____
Distant?____ Other? (please specify) _____
 - Do you believe the applicant has a personal relationship with Jesus Christ? Yes____ No____
 - Please list attributes which best describe the applicant's attitude toward the church and its activities: _____

 - Please check the area(s) of the applicant's involvement in the church:
Audio/Visual____ Children____ Music____ Prayer____ Teacher____ Usher____ Youth____
Other (please specify) _____
 - How industrious is the applicant as a student/worker?
Usually conscientious, hard worker____ Works harder than most students/workers____
Does about as much work as most other people____ Works less than most others____
Very lazy____ Have no basis for judgment____
- Comments: _____

8. Please evaluate his/her personal character (E=Excellent, AA=Above Average, A=Average, P=Poor,U=Unknown)

Honesty____ Financial Responsibility____ Dependability____ Cooperativeness____ Social Poise____
Response to Authority____ Leadership Ability____ Academic Ability____ Teachable Attitude____
Ability to Lead Others____ Personal Cleanliness____ Moral Character____ Ability to Make Decisions____
Consideration for Others____ Acceptance of Instruction and/or Discipline____ Self-confidence____
Servant Attitude____ Emotional Stability____ Ability to Communicate Clearly____ Adaptability____
Ability to Receive Correction____ Ability to Handle Stress____ Spiritual Maturity____ Work Ethic____
Ability to Deal with Interpersonal Conflicts____ Promptness____ Desire to Succeed____

9. Are you aware of any mental or emotional illness, or instability in the applicant? Yes____ No____

If yes, please explain: _____

10. Have you noticed any physical weaknesses or emotional problems that would hinder the applicant in an intense academic environment? Yes____ No____ If yes, please explain: _____

11. Is the applicant: Critical?____ Irritable?____ Depressed?____ Argumentative?____ Domineering?____
Rebellious?____ Comments: _____

12. Would you say the applicant is: Very Stable?____ Stable?____ Unstable?____ Very Unstable?____
Comments: _____

13. Describe how the applicant responds to authority: _____

14. The applicant's spiritual influence on others is: Positive____ Neutral____ Negative____

15. With what sort of companions does he/she usually associate? _____

16. Please describe the applicant's home life and/or marriage. _____

17. Is the applicant financially responsible? Yes____ No____ Comments: _____

18. Have you ever known the applicant to engage in questionable moral conduct? Yes____ No____

If yes, please explain: _____

19. To your knowledge, does/has the applicant: Used Tobacco Products?____ Drank Alcoholic Beverages?____
Used Illegal Drugs?____ Comments: _____

20. To your knowledge, has the applicant ever been arrested for any offense other than a minor traffic violation?

Yes____ No____ If yes, please explain: _____

21. To your knowledge, have you known the applicant to ever be involved in homosexuality-lesbianism? Yes____

No____ If yes, please explain: _____

22. To your knowledge, have you known the applicant to ever be involved in the occult? Yes____ No____

If yes, please explain: _____

23. To your knowledge, has the applicant ever been accused, questioned, or investigated for child abuse, child neglect,
or child molestation? Yes____ No____ If yes, please explain: _____

24. To your knowledge, has the applicant ever been accused, questioned, or investigated for spousal abuse?
 Yes_____ No_____ If yes, please explain: _____

25. What do you consider the applicant's strong points? (Include positive personal traits.) _____

26. What do you consider the applicant's weak points? (Include negative personal traits.) _____

27. Please share with us any information you may have about the applicant that would help in our evaluation.
 (This information could cover recent experiences or incidents in the applicant's life, or even a general personality appraisal.) _____

28. Do you have any reason to lack confidence in the applicant's ability to attend Xtreme Life Training Center?
 Yes_____ No_____ If yes, please explain: _____

29. To your knowledge, has the applicant's interest in Xtreme Life Training Center been influenced by a desire to
 escape a difficult situation such as a family problem, financial struggle, troubled romance, etc.?
 Yes_____ No_____ If yes, please explain: _____

30. How much individual attention and/or counseling does the applicant need to maintain a victorious Christian walk?
 _____Applicant seems to need much individualized attention and counseling.
 _____Applicant seems to need a moderate amount of individualized attention and counseling.
 _____Applicant seems to maintain victory by his/her devotional life and from ministry received in church services.
 If you checked one of the first two boxes, please specify the area of need: _____

31. From personal knowledge of this individual, would you?
 _____Highly recommend him/her as a qualified candidate for training.
 _____Recommend him/her as a qualified candidate for training.
 _____Recommend him/her with slight reservations as a candidate for training.
 _____Hesitate in recommending him/her as a qualified candidate for training.
 _____Be unable to honestly recommend him/her as a qualified candidate for training.
 If you checked any of the last three, please explain: _____

32. Is your church sponsoring this student? Yes_____ No_____ Full_____ Part_____ (state amount)\$ _____
33. Additional comments: _____

Please Print:

Your Name _____ Male/Female _____ Age _____
 Name of Your Church _____ Position _____
 Address _____ City _____ State _____ Zip _____
 Home Phone (_____) _____ - _____ Work Phone (_____) _____ - _____ Cell Phone (_____) _____ - _____
 Are you: Licensed? _____ Ordained? _____ With what Organization? _____
 E-mail Address _____
 Signature of Reference _____ Date ____/____/____