



# Lower Lights

Christian Health Center

## Spiritual Care Ministry Pastor/Church Leader Evaluation Of Christian Support Ministry Applicant

Your name \_\_\_\_\_

Name of your church \_\_\_\_\_

Address of your church \_\_\_\_\_

\_\_\_\_\_

Phone number of church (\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_

\* \* \* \* \*

Name of applicant \_\_\_\_\_

Address of applicant \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip code \_\_\_\_\_

Is the above person a member of your congregation? \_\_\_\_\_

Is the person in regular attendance at church services? \_\_\_\_\_

What church activities is the person involved in?

Has the person given witness of personal salvation? Please explain.

The role of a volunteer in Spiritual Care Ministry is to provide encouragement, support and spiritual care to sick persons in a ministry for the poor. In your opinion, does this person have the spiritual maturity to help hurting people? Please explain.

In your opinion, is this person a stable, well-adjusted person who is willing to serve others, rather than simply looking for personal emotional benefits from this service?

Do you perceive this person as having gifts appropriate to this ministry, such as discernment, a listening attitude, common sense, kindness and mercy?

Do you feel this person can be trusted to maintain confidentially?

Do you see any 'red flags' that might make this person unsuitable for this type of service?

How would you recommend this person for this service?

\_\_\_\_\_ Highly  
\_\_\_\_\_ Reasonably Good  
\_\_\_\_\_ Not Adequate

Your Signature \_\_\_\_\_ Date \_\_\_\_\_

Please send this, along with the person personal application form to:

Thomas Fletcher  
Community Outreach and Engagement Manager  
Lower Lights Christian Health Center  
1160 W. Broad St.  
Columbus , OH 43222  
(614) 274-1455 Ext 330