



PHILIPPINES GENERAL COUNCIL OF THE ASSEMBLIES OF GOD

BBC COMPOUND GOV. I. SANTIAGO ST., MALINTA, VALENZUELA CITY

SKILLS ASSESSMENT FORM
SPECIALIZED MINISTRIES/LICENSE TO PREACH

APPLICANT'S NAME: _____ **DISTRICT:** _____

GENDER: MALE FEMALE **MARITAL STATUS:** SINGLE MARRIED WIDOW/ER **AGE:** _____

Dear Evaluator:

*The above named individual is applying for **LICENSED MINISTER**. He/She has given your name as a reference and has authorized you to fill-out this form. We would value your honesty in your responses in this assessment. Kindly place a ✓ on the column that best describes your observation of the applicant's skills.*

PLANNING AND LEADING WORSHIP SERVICES	YES	NO	NEEDS IMPROVEMENT
He/She participates in the planning and facilitating of worship services.			
He/She designs creative worship experiences that involve music, media, and the arts.			
He/She educates the congregation in worship.			
He/She prioritizes that Scripture is communicated in a way that leads the congregation to worship and to experience life transformation.			
He/She leads a congregation in making prayer a vital element of the church's life.			
He/She leads the church in practicing worship through stewardship of life and resources.			
LEADING EFFECTIVE MEETINGS	YES	NO	NEEDS IMPROVEMENT
He/She prepares and plans adequately for meeting. Notice of Meeting, Agenda, and Minutes sent promptly.			
He/She generally exercises punctuality in the conduct of meeting. Meetings conducted starts and ends as scheduled.			
He/She encourages members to participate in the meeting and share their opinions.			
He/She summarizes the discussions, decisions, and actions made at the meeting.			
He/She assigns responsibility for the specific actions agreed upon and set deadlines. Members know exactly what their responsibilities were.			
He/She is able to keep the discussion on track and avoids discussion to stray or wander.			
He/She ensures meeting notes are kept and minutes are circulated within 24 hours, whenever possible.			
COUNSELING SKILLS	YES	NO	NEEDS IMPROVEMENT
He/She is always available to give congregational care in times of crisis.			
He/She enables the counselee to choose and seek best applicable help for the situation.			
He/She is able to establish a safe counseling relationship.			
He/She uses appropriate verbal and non-verbal communication methods that would facilitate the counselee's processing of the situation.			
He/She attentively listens, recognizes needs, be sensitive, and empathetic so the counselee feels accepted and understood.			

LEADERSHIP SKILLS	YES	NO	NEEDS IMPROVEMENT
He/She has a good relationship among his/her staff and is evidenced by his/her being patient, inspirational, caring for their needs, fair and consistent in their treatment, and provide avenues for opportunity, advancement, rewards, and personal development.			
He/She is able to communicate to the staff what is expected of them, and keep them focused.			
He/She shows the ability in problem solving, negotiating, and resolving disagreements.			
He/She has the ability to act on own initiative and make decisions with confidence.			
He/She has ability to set goals, cast vision, and get the staffs working towards it.			
He/She knows how to plan, organize, and evaluate people and activities.			
He/She can manage time well, stay focused, keep track of the details, and get results.			
He/She adequately manages conflict, makes sound personal decision, and is aware of the needs of others.			
OFFICIATING CHURCH ORDINANCES AND OTHER SERVICES (VISITATION, DEDICATION, FUNERAL, ETC.)	YES	NO	NEEDS IMPROVEMENT
He/She performs baptisms, dedications, funerals, and other services of the church in an appropriate manner.			
He/She has the ability to prepare and lead a celebration of the Lord's supper.			
He/She can identify and define the essential components of a specified service and ordinance of the church.			

How long have you known the applicant? _____ What is your relationship with the applicant? _____

=====

TO BE FILLED OUT BY EVALUATOR:

EVALUATOR'S NAME _____

ADDRESS _____

CONTACT NUMBER _____ AGE _____ GENDER _____ STATUS _____

SIGNATURE

DATE

Please return the completed form to the District Office or to the applicant in a **SEALED envelope, with your signatures across the seal.**
Thank you for taking the time to complete this assessment form. All information provided shall be kept confidential.