PASTOR'S CHECKLIST

For Applicants/Licensed Ministers

THIS DOCUMENT MAY BE COMPLETED ONLINE; THEN PRINTED, SIGNED, AND FAXED (480.237.7777) OR EMAILED (brendamastin@arizonadistrict.org) TO BRENDA MASTIN.

Please note: There is a second please scroll down.	l page to this checklist;				
Name of Applicant/Licensed M	inister				
City					
Church					
Senior/Lead Pastor's Name					
Local Church Involvement: Attendance:	Scriptural Tither? Sunday School Morning Worship Evening Wednesday	Yes □ Yes □ Yes □ Yes □ Yes □	No □ No □ No □ No □ No □		
Are there extenuating circums For example: Work sch		ance?			
How long have you known the	applicant and in what co	onnection(s)?		
In what specific ministries is th	ne applicant/licensed mi	nister curi	ently involved	?	
How many hours (average) has this past fiscal year? (example:		nis/her spe	ecific ministry a	assignment per we	ek, during
	Se	enior Pasto	r's Signature		
	D	ate			

Please scroll down - essential!

Please check the appropriate rating to indicate degree of strength or weakness.

QUALITIES	SUPERIOR	ABOVE	AVERAGE	BELOW	DO NOT
		AVERAGE		AVERAGE	KNOW

Intellectual Ability
Ability in Oral Communication
Ability in Written Expression
Emotional Maturity
Desire to Achieve
Social Awareness
Religious Commitment
Leadership Potential
Creativity

Punctuality

Attendance in Services

Please feel free to **expand or qualify** any of the ratings in the chart, or **make any comments**, or **list any concerns**, below:

Please sign and email, fax, or mail to the District Secretary Assistant. Include the *Recommendation to the District Assembly by the Church Board*.

Send to: ARIZONA NAZARENE DISTRICT OFFICE, 2420 W. RAY RD., STE 1, CHANDLER, AZ 85224

Attention: Brenda Mastin

Arizona District Office, Church of the Nazarene Credentialing Process, Pastor's Checklist