**MINISTRY TEAM TRIP APPLICATION**

I AM APPLYING FOR ACCEPTANCE AS A EHPM MINISTRY TEAM MEMBER FOR:

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 DESTINATION (CITY, COUNTRY) DATES OF TRIP

NAME\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ NICKNAME\* \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 \*THIS WILL APPEAR ON YOUR NAMETAG

DATE OF BIRTH\_\_\_/\_\_\_/\_\_\_ GENDER 🞏 Male 🞏 Female OCCUPATION**\*** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**\*IF A MEDICAL PROFESSIONAL, PLEASE INDICATE YOUR FIELD \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

STREET ADDRESS \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

CITY\*\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ STATE\* \_\_\_\_\_\_\_\_\_\_\_ ZIP\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**PHONE NUMBERS**

HOME (\_\_\_\_\_\_\_) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ WORK (\_\_\_\_\_\_) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

FAX (\_\_\_\_\_\_\_) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ CELL (\_\_\_\_­­\_\_) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

EMAIL \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

EMERGENCY CONTACT NAME \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

RELATIONSHIP\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ PHONE NUMBER (\_\_\_\_\_\_\_) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

HAVE YOU PREVIOUSLY TRAVELED WITH EHPM? 🞏 Yes 🞏 No IF SO, GIVE DATES \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

ARE YOU BORN AGAIN? 🞏 Yes 🞏 No 🞏 Unsure ARE YOU SPIRIT-FILLED? 🞏 Yes 🞏 No 🞏 Unsure

ARE YOU WILLING TO MINISTER CONSISTENT WITH EHPM GUIDELINES? 🞏 Yes 🞏 No

ARE YOU WILLING TO SUBMIT TO BEING MONITERED AND LOVINGLY CORRECTED IF NECESSARY? 🞏 Yes 🞏 No

IF MARRIED, DOES YOUR SPOUSE SUPPORT YOUR PARTICIPATION? 🞏 Yes 🞏 No SPOUSES NAME \_\_\_\_\_\_\_\_\_\_\_\_\_\_

DO YOU HAVE ANY PHYSICAL DISABILITY? 🞏 Yes 🞏 No IF SO, PLEASE DESCRIBE ON BACK OF PAPER

HAVE YOU EVER BEEN TREATED FOR ANY MENTAL/EMOTIONAL CONDITION? 🞏 Yes 🞏 No IF SO, PLEASE

DESCRIBE \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

PLEASE LIST ANY CONDITION THAT MAY LIMIT YOUR PARTICIPATION AND ANY MEDICATIONS YOU ARE

CURRENTLY TAKING \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

PLEASE LIST ANY ALLERGIES TO FOOD, MEDICINE, ETC. \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

MEDICAL INSURANCE PROVIDER\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ POLICY # \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

PHONE (\_\_\_\_\_\_) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ (IF POSSIBLE, OTHER THAN A TOLL FREE NUMBER)

HOW WOULD YOU DESCRIBE YOUR TEMPERAMENT? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

CHURCH NAME\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ DENOMINATION \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

CHURCH ADDRESS\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

CITY \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ STATE \_\_\_\_\_\_\_\_ ZIP\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

CHURCH PHONE (\_\_\_\_\_) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ HOW LONG HAVE YOU ATTENDED? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

NAME OF PASTOR\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ PHONE (\_\_\_\_\_\_\_) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

DO YOU TITHE REGULARLY? 🞏 Yes 🞏 No DO YOU ATTEND CHURCH REGULARLY? 🞏 Yes 🞏 No

HAVE YOU BEEN WATER BAPTIZED? 🞏 Yes 🞏 No HAVE YOU BEEN BAPTIZED IN THE HOLY SPIRIT? 🞏 Yes 🞏 No

IN WHAT AREAS OF CHURCH LIFE ARE YOU CURRENTLY SERVING OR HAVE YOU SERVED IN THE PAST?

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

IS YOUR PRESENT INCOME DERIVED FROM BEING IN FULL TIME CHRISTIAN MINISTRY? 🞏 Yes 🞏 No

WHAT DO YOU BELIEVE ARE YOUR SPIRITUAL GIFTINGS? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

HAVE YOU RECEIVED ANY MINISTRY TRAINING IN THE AREA OF HEALING? 🞏 Yes 🞏 No

IF SO, PLEASE DESCRIBE \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

HAVE YOU RECEIVED ANY OTHER CHRISTIAN MINISTRY TAINING? 🞏 Yes 🞏 No

IF SO, PLEASE DESCRIBE \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

ARE YOU FLUENT IN ANY LANGUAGES OTHER THAN ENGLISH? 🞏 Yes 🞏 No

IF SO, NAME LANGUAGE(S) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_)\_\_\_\_\_\_\_\_\_\_\_\_\_

*I, \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_, DECLARE THAT THE INFORMATION PROVIDED BY ME IN THIS APPLICATION IS TRUE, CORRECT, AND COMPLETE TO THE BEST OF MY KNOWLEDGE. I AUTHORIZE EHPM TO VERIFY ANY AND ALL INFORMATION PROVIDED ABOVE.*

SIGNED: X\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ DATE\_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_

**CONFIDENTIAL REFERENCE EVALUATION**

**(NOTE: THIS FORM CANNOT BE COMPLETED BY A FAMILY MEMBER OR RELATIVE OF THE APPLICANT)**

I, \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_, WISH TO BE CONSIDERED AS A EHPM MINISTRY TEAM

MEMBER FOR: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

DESTINATION (CITY, COUNTRY) DATES

I GIVE MY FULL CONSENT THAT\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ COMPLETE THIS

NAME OF REFERENCE

CONFIDENTIAL REFERENCE EVALUATION AND RELEASE IT TO EHPM.

SIGNED: X\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ DATE\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_

**Dear Friend of the Applicant,**

**The applicant above has applied to be on a EHPM Ministry Team. We take seriously our responsibility toward those to whom we minister, both here and abroad. Therefore, EHPM greatly appreciates your supplying the information requested on this form. Please return this form DIRECTLY TO OUR OFFICE upon completion. Thank You!**

1. How long have you been acquainted with the applicant? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
2. What is your relationship to the applicant? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
3. In which area(s) of church life has the applicant served, and in which area(s) is he/she currently serving?

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

1. Evaluation of Applicant’s Emotional & Spiritual Maturity: The applicant must be able to accommodate himself/herself readily to unaccustomed living conditions and new social situations. Adjustment may have to be made as to diet, social customs, climate changes, etc. Keeping in mind the challenge of these unusual demands, please rate this applicant by checking a block under each of the following categories:

### PHYSICAL CONDITION

* Frequently incapacitated
* Somewhat below par
* Fairly healthy
* Good health

**EMOTIONAL RESILIENCE** (In trying situations)

* Gets angry; impulsive
* Withdrawn
* Gets discouraged easily
* Meets constructively
* Unusual ability to lead

##### ACHIEVEMENT

(Ability to formulate, execute & carry plans to conclusion)

* Starts but doesn’t finish
* Does only what is
 assigned
* Meets average
 expectations
* Superior creative ability

##### SOCIAL INTERACTION

* Avoided by others
* Tolerated by others
* Liked by others
* Well-liked by others

##### WILLINGNESS TO SERVE

##### Reluctant to serve

* Motives confused
* Usually willing to

 serve

* Eager to serve as

 needed

**LEADERSHIP** (Ability to inspire others & maintain their confidence)

* Makes an effort to

 lead

* Tries but lacks ability
* Has some leadership
 promise

##### TEAMWORK

* Frequently causes friction
* Insists on having own way
* Usually cooperative
* Works well with others
* Energized by teamwork

##### INTELLIGENCE

* Learns and thinks slowly
* Average mental ability
* Alert; has a good mind
* Brilliant, exceptional

**CHRISTIAN EXPERIENCE**

* Relatively superficial
* Over-emotional
* Genuine but mild
* Rich and growing
* Warmly contagious

##### RESPONSIVENESS

(To the feelings and needs

 of others)

* Slow to sense how others feel
* Reasonably responsive
* Understanding thoughtful
* Extremely responsive

**PRAYER MINISTRY**(Praying for inner and physical healing)

* Has had much experience and expertise
* Has some training and experience
* Has not been trained and is very new at this

Evaluation of applicant’s skills, training, profession, or trade. (Answer only if you have first hand info)

\_\_\_\_Incompetent

\_\_\_\_Doubtful

\_\_\_\_Adequate

\_\_\_\_Superior in competence

In what other skills or areas is he/she well qualified? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Listed below are some of the tendencies which, if present, may reduce the effectiveness of the applicant. **Please Circle** anywords or descriptions which pertain to applicant:

Impatient Argumentative Domineering Cocky

Easily offended Critical of others Anxious Easily embarrassed

Easily discouraged Frequently worried Nervous or tense Given to moods

Intolerant Lacking in humor Can’t take a joke Unable to cope with stress

Erratic in attitudes Racially Prejudiced Self-absorbed

If the applicant seems relatively free from all such tendencies, check here\_\_\_\_\_\_\_\_\_\_\_\_

Please comment briefly on the family and social background of the applicant.

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Is the applicant financially responsible? 🞏 Yes 🞏 No

Please describe any physical limitations the applicant may have.

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Please use a separate sheet of paper to elaborate if the answer is “yes” to any of the following questions:

1. Has the applicant proven on any occasion to be unreliable, dishonest, or of questionable character?
2. As far as you know, has the applicant ever been arrested for any offense other than minor traffic violations?
3. To your knowledge, has the applicant ever been involved in drug abuse, homosexuality, or the occult?
4. Has the applicant had psychiatric treatment?
5. Are you aware of any unresolved problems in their life? (Ex: Unrepentance, anger, unforgiveness, impurity)

If the answers to a), b), c) d), and e) above are all “no”, please check here\_\_\_\_\_\_\_\_\_\_\_\_\_

What is your overall evaluation of the applicant’s promise as a EHPM Ministry Team participant?

\_\_\_\_\_He/she is definitely unsuited

\_\_\_\_\_At this time I feel he/she is not suited

\_\_\_\_\_He/she is a good prospect, but I do

\_\_\_\_\_He/she is an average prospect

\_\_\_\_\_He/she is an above average prospect

\_\_\_\_\_He/she is an unusually exceptional prospect

Reference Name\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Address\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Phone (\_\_\_\_) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Signature\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Mail directly to:

EHPM

PO Box 25657

Colorado Springs, CO 80936