

Practical Ministry Assessment

The purpose of this evaluation is to determine your level of experience in practical ministry so that your ministerial preparation can be directed more effectively. Please reflect on your experiences in ministry and respond to the questions as completely and honestly as possible.

Name _____

Date _____

Record of Professional Ministry Service (if applicable);

Dates	Name of Church/Address	Title/Position
1. _____		
2. _____		

Record of Church Attendance (list in order, beginning with current church):

Dates	Name of Church
1. _____	

What ministries have you been a part of in this church, and how long did you serve?

Dates _____	Name of Church _____
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2 .

What ministries were you a part of in this church, and how long did you serve?

Record of Specific Ministry Experiences:

1. Please describe your most successful or fulfilling ministry assignment:

2. How many times have you preached? _____ In what settings?

3. Have you ever led a worship service? _____ How often and in what capacity?

4. Have you ever planned and organized a worship service? _____ How often?

5. Have you served in any of the following capacities:

Adult Sunday School teacher? _____ How long? _____

Youth Sunday School teacher? _____ How long? _____

Children's Sunday School teacher? _____ How long? _____

Sunday School Superintendent? _____ How long? _____

NYI President? _____ How long? _____

NMI President? _____ How long? _____

6. Have you taken any formal training in personal evangelism? If so, in what format?

7. How often have you shared the gospel with a non-Christian in the last two years? _____

8. Have you ever served on a church board? _____ How long? _____

9. Have you ever led a board or committee meeting (*developed an agenda, chaired the meeting, etc.*)? _____ If so, in what capacity?

10. Have you ever been involved in preparing a local church budget? _____

11. Have you ever seen or filled out an *Annual Pastor's Report* for the Church of the Nazarene?

12. Have you ever managed the money of a group or committee? _____ If so, in what capacity and how large was the budget?

13. Have you ever made a hospital visit as a representative of the church? _____ How often? _____

14. Have you ever visited a person in the hospital that you did not know previously? _____

15. Have you ever visited a nursing home or rehabilitation center as a representative of the church? _____ How often? _____

16. Have you ever visited with a non-relative when there has been a death in their family?
_____ How often? _____

17. Have you ever taken part in a funeral service? _____ If So, how often and in what way?

18. Have you ever been responsible for planning a funeral service? _____

19. Have you ever been involved in a wedding ceremony other than your own? _____ In what way?

20. If you are married, did you have premarital counseling before your wedding? _____

21. Have you ever taken part in a marriage enrichment event, such as a retreat or seminar?

22. Have you ever led a marriage enrichment event or conducted premarital counseling?
_____ If so, describe your experience:

29. Please evaluate your feelings about your ability to lead the following:

	<i>Very Confident</i>	<i>Confident</i>	<i>Uncertain</i>	<i>Fearful</i>
Sunday worship service	<input type="checkbox"/> 4	<input type="checkbox"/> 3	<input type="checkbox"/> 2	<input type="checkbox"/> 1
Board Meeting	<input type="checkbox"/> 4	<input type="checkbox"/> 3	<input type="checkbox"/> 2	<input type="checkbox"/> 1
Music in worship	<input type="checkbox"/> 4	<input type="checkbox"/> 3	<input type="checkbox"/> 2	<input type="checkbox"/> 1
Prayer meeting	<input type="checkbox"/> 4	<input type="checkbox"/> 3	<input type="checkbox"/> 2	<input type="checkbox"/> 1
Wedding	<input type="checkbox"/> 4	<input type="checkbox"/> 3	<input type="checkbox"/> 2	<input type="checkbox"/> 1
Funeral	<input type="checkbox"/> 4	<input type="checkbox"/> 3	<input type="checkbox"/> 2	<input type="checkbox"/> 1
Baptism	<input type="checkbox"/> 4	<input type="checkbox"/> 3	<input type="checkbox"/> 2	<input type="checkbox"/> 1
Infant dedication/baptism	<input type="checkbox"/> 4	<input type="checkbox"/> 3	<input type="checkbox"/> 2	<input type="checkbox"/> 1
Communion service	<input type="checkbox"/> 4	<input type="checkbox"/> 3	<input type="checkbox"/> 2	<input type="checkbox"/> 1
Preaching 2 to 3 times weekly	<input type="checkbox"/> 4	<input type="checkbox"/> 3	<input type="checkbox"/> 2	<input type="checkbox"/> 1
Adult Sunday School class	<input type="checkbox"/> 4	<input type="checkbox"/> 3	<input type="checkbox"/> 2	<input type="checkbox"/> 1
Youth ministry	<input type="checkbox"/> 4	<input type="checkbox"/> 3	<input type="checkbox"/> 2	<input type="checkbox"/> 1
Children's ministry	<input type="checkbox"/> 4	<input type="checkbox"/> 3	<input type="checkbox"/> 2	<input type="checkbox"/> 1
Hospital visitation	<input type="checkbox"/> 4	<input type="checkbox"/> 3	<input type="checkbox"/> 2	<input type="checkbox"/> 1
Premarital/marital counseling	<input type="checkbox"/> 4	<input type="checkbox"/> 3	<input type="checkbox"/> 2	<input type="checkbox"/> 1
Personal evangelism call	<input type="checkbox"/> 4	<input type="checkbox"/> 3	<input type="checkbox"/> 2	<input type="checkbox"/> 1
Fund raising	<input type="checkbox"/> 4	<input type="checkbox"/> 3	<input type="checkbox"/> 2	<input type="checkbox"/> 1
Creating a church budget	<input type="checkbox"/> 4	<input type="checkbox"/> 3	<input type="checkbox"/> 2	<input type="checkbox"/> 1
Handling reports and records	<input type="checkbox"/> 4	<input type="checkbox"/> 3	<input type="checkbox"/> 2	<input type="checkbox"/> 1
Crisis counseling/care	<input type="checkbox"/> 4	<input type="checkbox"/> 3	<input type="checkbox"/> 2	<input type="checkbox"/> 1

30. Are there any areas of ministry in particular that cause you concern or fear?
