

**New Life Advance International
PO Box 35857
Houston, Texas 77235-5857**

Telephone: 832-242-7750

CHARACTER EVALUATION

Three Character Evaluations are required from individuals to whom you are not related. Please advise the evaluator to return this form directly to NLAI.

RE: _____
(Name of Applicant)

Please check the appropriate space for each characteristic according to the best of your knowledge of the applicant. If you have not observed a trait, check "not known". Consider the average to be reasonably well-adjusted individual, qualified for full-time Christian work.

Rating Key: Unk=Unknown P=Poor BA=Below Average Avg=Average
AA=Above Average EX=Excellent

Trait	Unk	P	BA	Avg	AA	EX
Self-discipline						
Teachability (willingness to accept instruction)						
Adaptability						
Well-rounded interests						
Perseverance						
Dependability						
Punctuality						
Conscientiousness						
Common sense						
Integrity						
Trustworthiness						
Health						
Spiritual maturity						
Knowledge of the Bible						
Fruitful witness for Christ						
Consistency of Christian Testimony						
Emotional stability						
Marital harmony (if applicable)						
Discipline of Children						
Accurate self-assessment (knows strengths & weaknesses)						
Self Confidence						
Ability to handle pressure						

Rating Key: Unk=Unknown P=Poor BA=Below Average Avg=Average
 AA=Above Average EX=Excellent

Trait	Unk	P	BA	Avg	AA	EX
Social poise						
Cooperation						
Tactfulness						
Ability to communicate						
Neatness of person						
Attractive personality						
Outgoing personality						
Respected by peers						
Mental alertness						
Drive to succeed						
Ability to make decisions						

Rating Key: Unk=Unknown ASD=Apparent to a Serious Degree OA=Often Apparent
 SA=Sometimes Apparent RA=Rarely Apparent NA=Never Apparent

Trait	Unk	ASD	OA	SA	RA	NA
Criticalness						
Argumentativeness						
Domineering						
Procrastination						
Impracticality						
Irritability						
Discouragement						
Anxiety, worry						
Moodiness						
Depression						
Tendency toward dependent relationships						
Homosexual relationships						

Comments: _____

Please discuss the following areas, based on your knowledge of the applicant. If further space is needed, please use the back of this form. Reference the question number with each explanation.

1. Is there any indication that the applicant's decision to apply to NLAI for missionary service has been significantly influenced by:

A. A desire to escape difficult personal, family or vocational situations? Yes ___ No ___
If yes, please explain: _____

B. An unrealistic appraisal of what is involved in Christian service? Yes ___ No ___
If yes, please explain: _____

2. Does the applicant have the ability to make decisions and follow through on them?

Yes ___ No ___ If no, please explain: _____

3. How does the applicant respond to authority? _____

4. Can the applicant take responsibility and demonstrate leadership? Give examples.

5. Comment on the applicant's:

(a) sensitivity to the needs, feelings and attitudes of others _____

(b) ability to work with others _____

6. What is the applicant's attitude toward other groups, races or nationalities?

7. To your knowledge, how does the applicant respond under difficult circumstances?

8. Are you aware of any instances of mental or emotional illness, or other difficulties, which the applicant has had that would inhibit his or her ability to hold a job? If yes, please explain on the back of this sheet. Yes ____
No ____

9. To your knowledge, does the applicant have a stable work history? Yes ____ No ____ If no, please explain on the back of this sheet

10. To your knowledge, has the applicant ever used unlawful narcotics, hallucinogens or drugs not prescribed by a physician? Yes ____ No ____ If yes, please explain on the back of this sheet.

11. To your knowledge, has the applicant ever had a problem with alcohol? Yes ____ No ____ If yes, please explain on the back of this sheet.

12. Do you have any reservations concerning the financial integrity and/or indebtedness of the applicant? If yes, please explain on the back of this sheet. Yes ____ No ____

13. Have you ever had reason to question the applicant's morals or moral behavior? If yes, please explain on the back of this sheet. Yes ____ No ____

14. Does the applicant have any outstanding ability? _____

15. For this question, as a supervisor, director, professor, or other in a position to observe, please comment professionally. Estimate the applicant's ability in his or her profession, i.e. doctor, teacher, nurse, homemaker, student, minister, etc.

16. What degree of confidence would you have in the applicant in the following:

(a) Personal Ministry

1 2 3 4 5
lowest highest

(b) Leadership Position

1 2 3 4 5
lowest highest

Please comment: _____

17. Please summarize your assessment of the applicant's fitness for Christian service, adding any considerations that may influence his or her effectiveness:

Printed Name of Evaluator: _____

Address: _____

Position or Relationship to the Applicant: _____

Signature: _____ Date: _____

Note to Evaluator: Please mail this evaluation to New Life Advance International, PO Box 35857, Houston, TX 77235-5857. All responses are held in strict confidence.