



BOARD EVALUATION FORM

Please fill out completely and return with listed documentation (*)

NAME: _____

PHONE: _____ EMAIL: _____

ADDRESS: _____

CITY: _____ STATE: _____ ZIP: _____

1. If you are currently ordained or licensed, please provide the name of the organization through which you are currently ordained or licensed: **provide copy of credentials*

2. What are the total number of years you have served in ministry? _____
Please list the names of the organizations where you have served, number of years and titles:

3. Education – Please list your highest earned degree: _____
**Provide copy of degree*

4. Reference letters – Please provide 3 letters of professional reference, 3 letters of character reference, and 3 letters from counselees. **Provide 9 letters total*

5. Have you completed Pastoral Counseling Training (EBCS’s Pastoral Counseling I, II, and III – or its equivalent?) **Provide certificates, or transcript*

6. Practical Experience: Have you completed sufficient supervised counseling, or have you been counseling for at least 2 years as an assistant, group leader, or one-on-one?

_____ (yes or no) Please explain: _____

7. Will you adhere to the Core Values of Legacy Church Ministries? _____

**Please sign and return one copy of the LEGACY CHURCH MINISTRIES Core Values document*