

ELDER NOMINATION REFERENCE FORM

This nomination form is used to submit people to the Elder Section Committee as a potential Elder candidate. Please fill in the fields. If you don't know the answer, you can leave it empty. All information will be treated as confidential by the committee. Please be discrete about discussing your nomination with others both for your own and the candidate's protection.

Your name:	
E-mail:	
Tel. number:	
Name of the proposed candidate:	
Please indicate whether you have talked to your nominated candidate:	Yes/No
What is your relation to the proposed candidate? LIFEgroup leader / leader of a team / friend / (former) LIFEgroup member / other?	
For how long have you known the proposed candidate? (years)	

Fill in from 1-10 (1=Poor/negative, 10=Good/Positive)

EMOTIONAL MATURITY	1	2	3	4	5	6	7	8	9	10
How well do you know the proposed candidate?										
How does he/she manage personal problems or conflict?										
How does he/she cope with pressure?										
How does he/she express his/her emotions?										

SPIRITUAL CAPACITY	Excellent	Good	Reasonable	Insufficient
Bible knowledge				
Biblical lifestyle				
Pray with / for people				
Able to give good input in lives				
Encourager				
Teachable				



FAITH PERCEPTION

How would you describe the faith life of the proposed candidate? You can tick more than one box

Mature	<input type="checkbox"/>	Stable	<input type="checkbox"/>	Conservative	<input type="checkbox"/>
Honest / real	<input type="checkbox"/>	Based on him/herself	<input type="checkbox"/>	Progressive	<input type="checkbox"/>
Changing	<input type="checkbox"/>	Superficial	<input type="checkbox"/>	Strong prayer life	<input type="checkbox"/>
Reaches out to others	<input type="checkbox"/>	Depending on emotions	<input type="checkbox"/>		<input type="checkbox"/>

SOCIAL SKILLS

	Excellent	Good	Reasonable	Insufficient/ Poor
Serving	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Working in teams	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Can motivate others	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Can give leadership to others	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Organizational skills	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
How does the proposed candidate respects and accepts authority?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
How compassionate is the proposed candidate?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
How do others value the proposed candidate?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Can you briefly describe the character off the proposed candidate?

If applicable, can you briefly describe the family situation off the proposed candidate?

Why do you recommend this person for eldership?

Are there any particularities of which you think that we should be informed or doubts you have?

Date:

We really want to thank you for filling in this form!
Please send this form to: eldersselection@xrds.nl