



\_\_\_\_\_  
Name of Applicant

\_\_\_\_\_  
Date Submitted

\_\_\_\_\_  
Staff Type

\_\_\_\_\_  
Date Approved

### Emergency Contact Information

In case of an emergency, who may we contact?

\_\_\_\_\_  
Name

\_\_\_\_\_  
Phone Number

\_\_\_\_\_  
Relationship to Applicant

### Acknowledgement of Agreement

Please acknowledge your agreement with the following statements by checking each of the boxes and signing your name below:

- I have read and agree with the CornerStone International Statement of Faith.
- I have read and agree with the CornerStone International Mission Statement.
- I have read and agree with the CI-HOP Vision Statement.
- I have read and agree with the CI-HOP Statement of Values.
- I have read and agree with the CI Conflict Resolution/Confidentiality Policy.
- I understand that I will be expected to minister to the Lord in serving others.
- I understand that I must secure contributions sufficient to cover my ministry expenses and personal support, or provide support from my own resources.
- I understand that I am making a \_\_-hour weekly commitment to the Prayer Room and a \_\_-hour weekly commitment to Team Building.
- I agree to attend special training times and to participate during CI board meetings.
- I agree to complete the Birkman Personality Profile (for long-term).
- I agree to be responsible for all personal costs related to the Birkman Personality Profile and specified training.
- I understand that personal integrity, a teachable spirit, and willingness to submit to authority are critical to success at CI-HOP.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

Notes:



Experience in:	Duration:	References: Name/Phone
Work:		
Military:		
Mission:		
Ministry:		

**Community Activities/Service**—Please describe any previous or current community activities/service.

\_\_\_\_\_

**Hobbies / Personal Interests**

\_\_\_\_\_

**Areas of Interest** (Please check any of the following areas in which you would be interested in participating at CI-HOP)

- |  |   |  |
|--|---|--|
| <input type="checkbox"/> Prophecy            | <input type="checkbox"/> Maintenance / Grounds    | <input type="checkbox"/> Worship Teams |
| <input type="checkbox"/> Healing             | Keeping   | <input type="checkbox"/> Kitchen       |
| <input type="checkbox"/> Dance               | <input type="checkbox"/> Cleaning                 | <input type="checkbox"/> Sound/Media   |
| <input type="checkbox"/> Evangelism          | <input type="checkbox"/> Construction / Carpentry |  |
| <input type="checkbox"/> Children's Ministry | <input type="checkbox"/> Office / Clerical        | Other: _____                           |

**Personal Assessment**

On an attached sheet, please answer the following questions.

1. Describe your past and present relationship with Jesus Christ.
2. What is the Gospel?
3. Name a few “heroes of the faith” who have inspired you and discuss their significance in your own journey.
4. Discuss the importance of Christian community.
5. What reading and/or music has touched you in recent months?
6. What led you to consider coming on staff with CI-HOP? How did you hear of us?
7. How do you see yourself adjusting to a missionary lifestyle (20-40-hour weekly commitment, support raising, prayer, fasting, self-sacrifice, etc.)?
8. What do you see as the benefits and struggles of the life of an intercessory missionary?
9. How consistent are you at keeping your commitments without constant supervision?
10. How well do you work with a team (flexibility, availability, service, etc.)?
11. What gifts do you bring to the Christian community (Romans 12:6-8; 1 Corinthians 12:7-11, 27-28; Ephesians 4:11-13)?
12. Please assess yourself on the following:

	<i>Uncertain</i>	<i>Weak</i>	<i>Fair</i>	<i>Good</i>	<i>Very Good</i>	<i>Outstanding</i>
Spiritual Maturity.....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Devotion to Christ.....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Personal Integrity.....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Self-Discipline.....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Willingness to Serve.....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Teachability.....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Interpersonal Relationships.....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Family Life.....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Ability to Work with Others.....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Communication Skills.....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Leadership Skills.....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Reliability.....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Physical Health.....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Openness to Correction.....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

**Health / Background Information**

- 1. Do you have any physical disabilities or conditions that require special care? \_\_\_\_  
*If so, please explain:*
  
- 2. Do you currently have or have you had any life controlling issues such as addictions, depression, eating disorders, dysfunctional relationships, personality disorders, etc.? \_\_\_\_  
*If so, please explain:*
  
- 3. Have you ever sought help for psychological problems (sexual, emotional, relational)? \_\_\_\_  
*If so, please describe when, with whom, and for what:*

Year	Caregiver(s)	Identified Problem
____	____	____
____	____	____
____	____	____
____	____	____

- 4. Are you, or have you ever been on medication related to psychological problems? \_\_\_\_  
*If so, please specify:*
  
- 5. Have you ever attempted suicide? \_\_\_\_  
*If so, please describe (when, how you were treated, etc.):*
  
- 6. Do you currently wrestle with suicidal thoughts? \_\_\_\_
  
- 7. Have you ever been arrested for or been a suspect of a felony? \_\_\_\_  
*If so, please explain:*
  
- 8. Have you ever been arrested for or been a suspect in any case involving physical or sexual abuse of any kind? \_\_\_\_  
*If so, please explain:*
  
- 9. Are you currently on any prescription medication? \_\_\_\_  
*If so, please fill out the Disclosure of Medications section on the following page.*

- 10. Have you had personal experience with any of the following?  
 Occult activity     Abuse     Addictions     Significant Trauma  
*If so, please explain:*

### Disclosure of Medications Prescribed under Doctor's Supervision

I am currently on the following medications: \_\_\_\_\_  
 \_\_\_\_\_

These medications are being prescribed and regulated by the following doctor(s):

\_\_\_\_\_  
*Doctor's Name* *Phone Number*

\_\_\_\_\_  
*Doctor's Name* *Phone Number*

\_\_\_\_\_  
*Doctor's Name* *Phone Number*

**I agree to continue with these medications throughout my time at CI-HOP under the supervision of my doctor. I do realize that failure to keep up with my medications, under my doctor's care, is grounds for my immediate dismissal.**

\_\_\_\_\_  
*Signature* *Date*

### Financial Information

(If applying for the Student/Professional Staff position, disregard the Financial Information section)

1. How do you plan to financially support yourself?

	Monthly Amount	Description
Support	_____	_____
Savings	_____	_____
Full-time work	_____	_____
Part-time work	_____	_____
Other	_____	_____

2. Do you have any indebtedness that you cannot meet before joining CI-HOP staff? \_\_\_\_

*If yes, please complete the following:*

Amount	To Whom	Monthly Payments	Projected Date of Completion
\$ _____	_____	\$ _____	_____
\$ _____	_____	\$ _____	_____
\$ _____	_____	\$ _____	_____
\$ _____	_____	\$ _____	_____

I have filled out the sample budget provided.

# Budget Worksheet

Please fill out this budget as it applies to your specific needs. We strongly encourage you to put considerable thought into your projected financial needs.

	MONTHLY	ANNUALLY		MONTHLY	ANNUALLY
<b>Taxes</b>			<b>Extras</b>		
Federal			Tithe/Offerings		
State			Gifts		
Social Security			Christmas		
Local			Entertainment		
<b>Shelter</b>			Misc Cash		
Rent			Pets		
Insurance			Vacations		
Mortgage			Cable TV		
Taxes			Health Club		
Gas			Newspaper		
Electricity			Emergency Fund		
Water			Other		
Garbage			<b>Debt</b>		
Phone			Home Equity Loan		
Maintenance			Credit Card		
Repairs			Credit Card		
Furniture			Credit Card		
Other			Other		
<b>Transportation</b>			<b>Investments</b>		
Payment			Savings/Investments		
Gas			Retirement Plan		
Insurance			Contributions		
Maintenance/Repair			Education		
Addl Vehicle			Other		
Licence/Registration			<b>Ministry</b>		
Other			Mailings/New sletter		
<b>Essentials</b>			Airfare		
Food/Groceries			Room/Board		
Clothing			Tuition		
Personal Supplies			Meals out		
Life Insurance			Hotel		
Medical Insurance			Gas		
Dental Insurance			Other		
Disability Insurance			<b>Other</b>		
Medicine/Prescriptions					
Child Care					
Other					
			<b>TOTAL EXPENSES</b>		

# Spiritual Leader/Pastor Recommendation

**TO BE COMPLETED BY THE APPLICANT:**

Last Name: \_\_\_\_\_ First Name: \_\_\_\_\_  
 Address: \_\_\_\_\_  
 City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_  
 Phone: \_\_\_\_\_ E-mail: \_\_\_\_\_

**To the applicant:**

*You may waive your right to see this character reference with the understanding that none of the information within will be disclosed to you. Check the box below which represents your wishes. This will in no way affect the decision of the Admissions Committee.*

**Please note: Failure to indicate a choice is the same as checking the “I do not waive” box.**

- I waive my right to see this character reference.
- I do not waive my right to see this character reference.

**TO BE COMPLETED BY SPIRITUAL LEADER/PASTOR:**

This recommendation form is to be completed by a current or former **spiritual leader or pastor** in the life of the applicant. **Please return this form directly to the applicant in a sealed envelope with your signature across the seal.** If you have any questions please e-mail [jo@cihop.org](mailto:jo@cihop.org). Thank you for your involvement in this important phase in the applicant’s life.

Name: \_\_\_\_\_ Relationship to Applicant: \_\_\_\_\_

Phone: \_\_\_\_\_ E-mail: \_\_\_\_\_

1. How long have you known the applicant?
2. How well do you know the applicant?  Very Well  Fairly Well  Casually  By name/sight
3. How do you feel the applicant will adjust to a missionary lifestyle (20-40-hour weekly commitment, support raising, prayer, fasting, self-sacrifice, etc.)?
4. What do you think will be the benefits and struggles of the applicant if they join CI-HOP staff?
5. What is your opinion of the applicant’s emotional health? Do they currently have or have they had any life-controlling issues?
6. Please try to assess the following based on your knowledge of the applicant.

	<i>Uncertain</i>	<i>Weak</i>	<i>Fair</i>	<i>Good</i>	<i>Very Good</i>	<i>Outstanding</i>
Spiritual Maturity .....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Devotion to Christ .....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Personal Integrity .....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Self-Discipline .....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Willingness to Serve .....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Teachable .....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>



Interpersonal Relationships .....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Family Life .....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Ability to Work with Others.....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Communication Skills .....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Leadership Skills .....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Reliability .....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Physical Health.....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Openness to Correction .....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Comments on any of the above:

7. How would you recommend this applicant for CI-HOP ministry staff?

Highly Recommend   
  Recommend   
  Recommend with reservations\*   
  Do not recommend\*

\*Please explain concerns:

8. Please give any other comments or concerns:

*Signature*

*Date*

Ministry Staff Application

# Spiritual Leader/Pastor Recommendation

**TO BE COMPLETED BY THE APPLICANT:**

Last Name: \_\_\_\_\_ First Name: \_\_\_\_\_  
 Address: \_\_\_\_\_  
 City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_  
 Phone: \_\_\_\_\_ E-mail: \_\_\_\_\_

**To the applicant:**

*You may waive your right to see this character reference with the understanding that none of the information within will be disclosed to you. Check the box below which represents your wishes. This will in no way affect the decision of the Admissions Committee.*

**Please note: Failure to indicate a choice is the same as checking the “I do not waive” box.**

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- I do not waive my right to see this character reference.

**TO BE COMPLETED BY SPIRITUAL LEADER/PASTOR:**

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Name: \_\_\_\_\_ Relationship to Applicant: \_\_\_\_\_

Phone: \_\_\_\_\_ E-mail: \_\_\_\_\_

1. How long have you known the applicant?
2. How well do you know the applicant?  Very Well  Fairly Well  Casually  By name/sight
3. How do you feel the applicant will adjust to a missionary lifestyle (20-40-hour weekly commitment, support raising, prayer, fasting, self-sacrifice, etc.)?
4. What do you think will be the benefits and struggles of the applicant if they join CI-HOP staff?
5. What is your opinion of the applicant’s emotional health? Do they currently have or have they had any life-controlling issues?
6. Please try to assess the following based on your knowledge of the applicant.

	Uncertain	Weak	Fair	Good	Very Good	Outstanding
Spiritual Maturity .....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Devotion to Christ .....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Personal Integrity .....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Self-Discipline .....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Willingness to Serve .....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Teachable .....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Interpersonal Relationships .....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Family Life .....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Ability to Work with Others.....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Communication Skills .....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Leadership Skills .....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Reliability .....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Physical Health.....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Openness to Correction .....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Comments on any of the above:

7. How would you recommend this applicant for CI-HOP ministry staff?

Highly Recommend   
  Recommend   
  Recommend with reservations\*   
  Do not recommend\*

\*Please explain concerns:

8. Please give any other comments or concerns:

*Signature*

*Date*

### Ministry Staff Application

# Spiritual Leader/Pastor Recommendation

**TO BE COMPLETED BY THE APPLICANT:**

Last Name: \_\_\_\_\_ First Name: \_\_\_\_\_  
 Address: \_\_\_\_\_  
 City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_  
 Phone: \_\_\_\_\_ E-mail: \_\_\_\_\_

**To the applicant:**

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Name: \_\_\_\_\_ Relationship to Applicant: \_\_\_\_\_

Phone: \_\_\_\_\_ E-mail: \_\_\_\_\_

1. How long have you known the applicant?
2. How well do you know the applicant?  Very Well  Fairly Well  Casually  By name/sight
3. How do you feel the applicant will adjust to a missionary lifestyle (20-40-hour weekly commitment, support raising, prayer, fasting, self-sacrifice, etc.)?
4. What do you think will be the benefits and struggles of the applicant if they join CI-HOP staff?
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6. Please try to assess the following based on your knowledge of the applicant.

	<i>Uncertain</i>	<i>Weak</i>	<i>Fair</i>	<i>Good</i>	<i>Very Good</i>	<i>Outstanding</i>
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Devotion to Christ .....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Personal Integrity .....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Self-Discipline .....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Willingness to Serve .....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Teachable .....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Interpersonal Relationships .....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Family Life .....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Ability to Work with Others.....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Communication Skills .....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Leadership Skills .....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Reliability .....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Physical Health.....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Openness to Correction .....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Comments on any of the above:

7. How would you recommend this applicant for CI-HOP ministry staff?

Highly Recommend   
  Recommend   
  Recommend with reservations\*   
  Do not recommend\*

\*Please explain concerns:

8. Please give any other comments or concerns:

*Signature*

*Date*