

## Helps Ministries Interview Comment Sheet

(To be completed by Interviewer)

Name \_\_\_\_\_ City & Zip \_\_\_\_\_

Address \_\_\_\_\_ Daytime # \_\_\_\_\_

Auxiliary \_\_\_\_\_

1. AKA (also known as) \_\_\_\_\_
2. Marital Status: ( ) Married ( ) Single ( ) Divorced ( ) Separated ( ) Widowed
3. If divorced, have you received your final decree? \_\_\_\_\_  
If yes, do you have a copy of it? \_\_\_\_\_
4. a. Name of spouse \_\_\_\_\_  
b. Are you happily married? \_\_\_\_\_  
c. Are you in the process of getting a divorce or thinking about it? \_\_\_\_\_
5. Is your spouse/legal guardian a member of Rhema Christian Center? \_\_\_\_\_  
a. How do they feel about this Ministry? \_\_\_\_\_  
b. How do they feel about your involvement in this particular group? \_\_\_\_\_  
\_\_\_\_\_
- c. Would there be any family/work situation that may become an obstacle in your participation? \_\_\_\_\_
6. Do you have any children you are responsible for? \_\_\_\_\_  
a. Names & Ages \_\_\_\_\_
7. Do you have someone to care for your children? \_\_\_\_\_  
a. If so, what type of childcare, and is it reliable \_\_\_\_\_  
\_\_\_\_\_
8. Do you beat or abuse your spouse and/or children? \_\_\_\_\_  
Are you being beaten or abused? \_\_\_\_\_
9. Are you pregnant? \_\_\_\_\_
10. Do you have any known physical disabilities, or are you under a doctor's care? \_\_\_\_\_  
\_\_\_\_\_

11. Do you smoke, drink, or use drugs? \_\_\_\_\_
  - a. Have you ever participated in any of the above? \_\_\_\_\_
  - b. If yes, have you had the victory for at least one year? \_\_\_\_\_
  
12. Do you participate in any illicit (unlawful) sexual activity, i.e. fornication, adultery, masturbation, homosexuality, pornography, or anything else not mentioned?  
Yes \_\_\_ No \_\_\_
  - a. Have you ever participated in this activity? \_\_\_\_\_
  - b. If yes, have you had the victory for at least one year? \_\_\_\_\_
  
13. Are you involved in any socially immoral activities that would bring reproach against the Ministry, i. e., living with the opposite sex, frequenting bars, clubs, discos, etc.?  
\_\_\_\_\_
  
14. Are you involved in the occult, i.e., witchcraft, Satan worship, astrology, etc.? \_\_\_\_\_
  - a. Have you ever participated in this activity? \_\_\_\_\_
  - b. If yes, have you had the victory for at least one year? \_\_\_\_\_
  
15. Have you ever been convicted of a misdemeanor or felony crime? \_\_\_\_\_
  - a. If so, what? \_\_\_\_\_
  - b. Have you been arrested on a traffic warrant within the last year? \_\_\_\_\_
  
16. Have you been baptized in water since you accepted Jesus as your personal Savior? \_\_\_
  
17. Are you filled with the Holy Spirit with the manifestation of speaking with other tongues? \_\_\_\_\_
  
18. Are you presently praying (interceding) for the Ministry? \_\_\_\_\_
  - a. How often do you do this? \_\_\_\_\_
  
19. Why are you volunteering for this position? \_\_\_\_\_  
\_\_\_\_\_
  
20. Will you be able to attend meetings when required? \_\_\_\_\_
  
21. Do you get along with people? \_\_\_\_\_
  
22. Are you in strife (state of unforgiveness, contention) with anyone? \_\_\_\_\_
  
23. How long have you been a member? \_\_\_\_\_
  
24. Are you presently financially (not by faith) tithing here at Rhema Christian Center? \_\_\_  
If no, why not? \_\_\_\_\_

25. Is your spouse in agreement with your tithing? \_\_\_\_\_
26. Do you know the vision of our Pastor? \_\_\_\_\_  
a. Are you in agreement with the vision of our Pastor as you understand it? \_\_\_\_\_  
b. Are you committed to this Ministry? \_\_\_\_\_
27. Will you receive instruction willingly so that we can maintain order? (Philippians 2:14)  
\_\_\_\_\_
28. Are you involved in any other area of Helps Ministry? \_\_\_\_\_  
If yes, which? \_\_\_\_\_
29. Do you attend the Men's or Women's fellowship consistently? \_\_\_\_\_
30. Do you attend the Sunday Worship Service here regularly? \_\_\_\_\_
31. Do you attend a mid-week Bible Study here? \_\_\_\_\_
32. Do you have reliable means of transportation? \_\_\_\_\_
33. Are you presently driving with a valid Driver's License and Liability Insurance? \_\_\_\_\_  
a. Driver's License Expiration Date: \_\_\_\_\_  
b. Insurance Expiration Date: \_\_\_\_\_

**Additional Comments:**

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**Interviewer's Conclusion:**

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**Interviewer's Final Recommendation:**

- \_\_\_\_\_ 1) Pastorial Counseling
- \_\_\_\_\_ 2) Hold Application In abeyance
- \_\_\_\_\_ 3) Approval, recommend immediate participation

\_\_\_\_\_  
Interviewer's Signature

\_\_\_\_\_  
Elder's Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Date

\* The answer to these questions may be considered as a sufficient reason to hold the application in abeyance.