



LEADER ASSESSMENT

FREE INDEED CHURCH INTERNATIONAL

7111 HOMESTEAD ROAD * HOUSTON, TEXAS 77028 * (713) 633-FREE

Apostle Johnny D. Gentry III
Apostle / Lead Pastor

Emesha Calloway
LIFT Network Director

Name: _____ Date Joined Free In Deed: _____

The Leader Assessment helps place leaders in the appropriate level of discipleship training. A leader must first be a servant and a student (Matt. 10:24; 20:26). Your answers below will help us assess your Service, Gifts, Training, Leadership and Ministry Relationships.

SERVICE

Give a brief description of your experience serving in ministry from salvation to now:

GIFTS

Check Ministry Offices in which you are licensed or ordained:

- MINISTER REVERENED DEACON ELDER BISHOP
 APOSTLE PROPHET EVANGELIST PASTOR TEACHER
 OTHER: _____

What are Your Primary Spiritual Gifts: _____

TRAINING

Describe your training in Basic Discipleship: Course Study / Organization / Year Completed:

- (1) _____
 (2) _____
 (3) _____

Describe any Leadership Training: Training Course / Organization / Year Completed:

- (1) _____
 (2) _____
 (3) _____

List any Christian Education, Bible Institutes, College Undergraduate / Graduate Degrees:

Institution: _____ Course of Study: _____

- CERTIFICATE ASSOC BACHELOR MASTER DOCT

LEADER ASSESSMENT

FREE INDEED CHURCH INTERNATIONAL

7111 HOMESTEAD ROAD * HOUSTON, TEXAS 77028 * (713) 633-FREE

LEADERSHIP

Describe other specialized ministry experience for which you possess special gifts, abilities or skills? Please identify and indicate length of service.

Describe any secular work or experiences that have helped in your preparation for ministry?

Have you served as overseer or leader of a ministry team? Yes No

Have you ever started or helped start a new ministry? Yes No

Have you trained or taught other leaders? Yes No

Have you ever worked closely with senior ministry leaders? Yes No

MINISTRY RELATIONSHIPS

Do you have a good reputation with your previous ministries? Yes No Unsure

Did you leave your previous ministries in good standing? Yes No Unsure

Please give two (2) references from your previous ministries:

Print Name Legibly Organization Phone Number

Print Name Legibly Organization Phone Number

I, _____, verify that all information given in this Leader Assessment is true and is a realistic representation of my experience as a leader in the Body of Christ.

Signature

Date

LIFT Administration Use Only

Score: _____ Approved Denied By: _____