



## Leadership Personal Assessment Form

### Personal Information

Name: \_\_\_\_\_  
First Last MI

Leadership Level: \_\_\_ Deacon \_\_\_ Deaconess \_\_\_ Minister  
\_\_\_ Evangelist \_\_\_ Elder

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

Email Contact: \_\_\_\_\_

### Church Information

Church Name: \_\_\_\_\_

Senior Pastor: \_\_\_\_\_

Church Address: \_\_\_\_\_

\_\_\_\_\_

### Leadership Questionnaire

As a leader it is important that you live a consistent godly lifestyle. Please answer the following questions regarding your personal lifestyle:

1. Are you saved and living a Christian lifestyle? \_\_\_ Yes \_\_\_ No

2. Do you have a heart for God, your Pastoral family and local congregation?  
\_\_\_ Yes \_\_\_ No

3. Do you consistently attend weekly worship services and mid-week services?  
\_\_\_ Yes \_\_\_ No



- 4. Do you faithfully and consistently give in your tithes and offering?  
\_\_\_Yes \_\_\_No
- 5. Do you engage in committing adultery, fornication, pornography or homosexual activity? \_\_\_Yes \_\_\_No
- 6. Do you smoke or use tobacco products? \_\_\_Yes \_\_\_No
- 7. Do you drink alcohol? \_\_\_Yes \_\_\_No
- 8. Do you abuse prescription drugs or use illegal drugs? \_\_\_Yes \_\_\_No
- 9. Do you participate in any other illegal activities? \_\_\_Yes \_\_\_No
- 10. Do you physically abuse your spouse and/or children? \_\_\_Yes \_\_\_No
- 11. Do you strive to develop a consistent prayer life? \_\_\_Yes \_\_\_No
- 12. Do you consistently invite others to your local church? \_\_\_Yes \_\_\_No

**Additional Comments**

Are there any additional comments and / or explanations you would like to share?  
(Use additional paper if needed):

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**Confidential Information:** This form is designated for review by the Senior Pastors only and/or those administrators selected by the Pastoral Office.