

# CATHEDRAL INTERNATIONAL

P.O. BOX 1608  
277 Madison Avenue  
Perth Amboy, New Jersey 08862

## Cathedral Service Verification Form

Student Name: \_\_\_\_\_

Ministry Name: \_\_\_\_\_

Ministry Lead: \_\_\_\_\_

Ministry/Church location: \_\_\_\_\_

Please evaluate the Cathedral volunteer by categorizing their level of work effort by circling the rating for the areas listed below. Return this form in a timely manner to the student for submission with the scholarship application by the deadline.

	Excellent	Good	Average	Below Average	Poor
Attitude	10	8	6	4	0
Integrity	10	8	6	4	0
Interpersonal Skills	10	8	6	4	0
Level of Involvement	10	8	6	4	0
Willingness to Serve	10	8	6	4	0

Ministry Lead Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**NOTE: Please have the this two-part Cathedral Service Verification Form completed by your Cathedral Ministry Director or a Cathedral Ministry Supervisory at either of the three church locations. However, that person should not be a family member nor Bishop.**

**This Cathedral Service Verification Form is a two-part form accompanied by a Ministry Service Detail Evaluation Form on the second page. It must be completed and signed by the same individual and returned with the application.**

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## Cathedral Service Verification Form – Part II. Student Evaluation Details

**Note: Form to be completed by Program Director/Manager**

Ministry Name: \_\_\_\_\_

Ministry Lead: \_\_\_\_\_

Based on your knowledge and interface with this student, please respond to the following questions:

1. How long have you known this student? \_\_\_\_\_
2. Have you directly supervised or managed the activities of this student before? \_\_\_ If so, please describe the situation:
3. What are the communicate skills of the student? Does he/she speak up for her/himself or relies on text messages as choice of communication?

\_\_\_\_\_  
\_\_\_\_\_

4. Does this student arrive on-time and take the initiative to begin work on his/her own? \_\_\_\_\_ If so, please describe the situation bellow:

5. What best describes him/her?

- He/she are Organized. ...
- He/she have Incredible Patience. ...
- He/she have a Team Player Mindset. ...
- He/she are Boundlessly Creative and Energetic. ...
- He/she are Passionate. ...
- He/she have Compassion for Others. ...
- He/she have Initiative.

Ministry Lead Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**NOTE: For those away at college, please have the following Cathedral Service Evaluation Form completed by your Campus Ministry Director, a local Pastor or a Ministry representative where you are serving and/or attending church.**

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## Community Service Evaluation Form

Student Volunteer Name: \_\_\_\_\_

Organization Name: \_\_\_\_\_

Program Director/Manager: \_\_\_\_\_

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

Telephone: \_\_\_\_\_

Non-Profit \_\_\_\_\_ For-Profit \_\_\_\_\_

Please describe the nature of the community service and the role that you provided:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Approximate # of hours served: \_\_\_\_\_

**Program Director:** Please evaluate the student by circling the following areas. Return this form to the student in a timely manner to the student for submission with the scholarship application by the deadline.

	Excellent	Good	Average	Below Average	Poor
Attitude	10	8	6	4	0
Integrity	10	8	6	4	0
Interpersonal Skills	10	8	6	4	0
Level of Involvement	10	8	6	4	0
Willingness to Serve	10	8	6	4	0

Program Director's Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**NOTE:** For those students away at college, please have the following Community Service Evaluation Form completed by your Campus Ministry Director, a local Pastor or a Supervisory representative where you are serving and/or attending church. That person should not be a family member.

**This Cathedral Service Verification Form is a two-part form accompanied by a Community Service Detail Evaluation Form on the second page. It must be completed and signed by the same individual and returned with the application.**

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**Community Service Evaluation Form - Part II. Student Evaluation Details**

**Note: Form to be completed by Program Director/Manager**

Organization Name: \_\_\_\_\_

Program Director/Manager: \_\_\_\_\_

Telephone: \_\_\_\_\_ Email: \_\_\_\_\_

Based on your knowledge and interface with this student, please respond to the following questions:

- 6. How long have you known this student? \_\_\_\_
- 7. Have you directly supervised or managed the activities of this student before? \_\_ If so, please describe the situation:  
\_\_\_\_\_  
\_\_\_\_\_
- 8. Have you observed this student demonstrating a leadership role? \_\_\_\_ If so, please describe this situation.  
\_\_\_\_\_  
\_\_\_\_\_
- 9. How does this student perform in a group/team setting?  
\_\_\_\_\_  
\_\_\_\_\_
- 10. Does this student arrive on-time and take the initiative to begin work on his/her own? \_\_\_\_ If so, please describe the situation bellow:  
\_\_\_\_\_  
\_\_\_\_\_
- 11. What skills did he/she bring to this volunteer position?  
\_\_\_\_\_  
\_\_\_\_\_

Program Director's Recommendation: High Recommend: \_\_\_\_\_ Recommend: \_\_\_\_\_ Not Recommend: \_\_\_\_\_

Program Director's Signature: \_\_\_\_\_ Date: \_\_\_\_\_