

Pacific Southwest District  
The Lutheran Church – Missouri Synod

**Pastor's Evaluation Form**  
Lay Ministry Training

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

Address \_\_\_\_\_

City/State/ZIP \_\_\_\_\_ Telephone \_\_\_\_\_

**To the Pastor:**

The applicant named above has applied for acceptance in the Lay Ministry Training Program of the Pacific Southwest District – LCMS. Your evaluation of the applicant will help us give the necessary guidance for this individual. Please complete this form and return to:

Victoria Waufle, Director, Lay Ministry Training Program  
947 Stiles Court, Vista, California 92083-3301  
Telephone: 760-419-8898 E-mail: vwaufle@aol.com

1. How long have you known the applicant? \_\_\_\_\_

2. In what capacity has the applicant served in your congregation?

\_\_\_\_\_

3. Following the completion of the studies in the Lay Ministry Training Program, how will this applicant serve in your congregation?

\_\_\_\_\_

4. Use the reverse side of this sheet for additional information (family, circumstances, etc.)

\_\_\_\_\_  
Pastor

\_\_\_\_\_  
Congregation

\_\_\_\_\_  
Date

\_\_\_\_\_  
City/St of Congregation