



American Baptist Churches Candidate Assessment Authorization

This is to certify that _____
(Print full name)

is a member of an American Baptist congregation in our region and has been in contact with our regional office regarding our candidacy procedures. We authorize his/her participation in the candidacy assessment program at Midwest Career Development Service under American Baptist membership.

Please check all that apply:

_____ We request a copy of the summary assessment report prepared by Midwest.

Please send report to attention of: _____
(Name of responsible person)

(Name of department or committee)

_____ The candidate is responsible for the cost of the assessment program

_____ Assistance for costs will be provided in the amount of \$ _____

Region _____

Authorized by _____
(Print name and official title)

Signed _____ Date _____

Rvsd. 8/4/09

Please mail to the appropriate Midwest Center

1840 Westchester Blvd., #204 * Westchester, IL 60154-4334 * 708-343-6268
1234 Old Henderson Road, Suite B * Columbus, OH 43220-3699 * 614-442-8822
Services in Kansas City managed by Dallas Administrative Staff * 800-297-6192
8204 Elmbrook Dr., Suite 143 * Dallas, TX 75247 * 214-346-9790