

### **SHORT-TERM MISSIONS RECOMMENDATION FORM**

This Recommendation Form is to be filled out by your Pastor, a Christian School Teacher, or Youth Leader and sent directly to Impact Ministries.

*Name of Applicant:*

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*Name of Team, and team dates:*

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**INSTRUCTIONS:** The applicant named above is wishing to be involved in short-term missions. You will recognize the need for great care in selecting women and men for Christian Ministry. Serious consideration will be given to your comments; therefore, we ask that you complete this form carefully and return it directly to the above address. Your comments will be held in confidence.

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

2. In what capacity do you know the applicant? \_\_\_\_\_

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3. How well do you know the applicant?

\_\_\_ By Name Only \_\_\_ Casually \_\_\_ Fairly Well \_\_\_ Closely

4. To your knowledge, has the applicant made a meaningful commitment to Jesus

Christ? \_\_\_\_\_ Yes \_\_\_\_\_ No \_\_\_\_\_ I am not sure

5. Does the applicant smoke? \_\_\_\_\_ drink? \_\_\_\_\_ use illegal drugs? \_\_\_\_\_

6. Please check the terms that best describe the applicant's attitude toward the church and its activities?

\_\_\_\_\_ Warmhearted \_\_\_\_\_ Critical \_\_\_\_\_ Tolerant

\_\_\_\_\_ Contemptuous \_\_\_\_\_ Sympathetic \_\_\_\_\_ Passive

\_\_\_\_\_ Respectful \_\_\_\_\_ Enthusiastic \_\_\_\_\_ Loving

7. What Christian ministries does the applicant fulfill, such as Sunday School Teacher, Youth Worker, Worship Leader?

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8. Please indicate what you feel are the applicant's strong points.

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9. Please indicate what you feel are the applicant's weak points.

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10. The applicant's influence on his/her peers is:

\_\_\_\_ Positive \_\_\_\_ Neutral \_\_\_\_ Negative

Please comment . \_\_\_\_\_

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11. Please comment on the family and social background of the applicant.

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12. From what you have observed, how do you rate the applicant in the following areas?

	Excellent	Above Average	Average	Below Average	Poor	No Chance to Observe
Christian Commitment						
Social Adaptability						
Cooperativeness						
Integrity and Honesty						
Responsibility						
Mental Ability						
Physical Health						
Christian Character						
Initiative						
Emotional Stability						
Personal Appearance						
Leadership						
Reliability						

13. Please share with us any additional information about the applicant that you feel would be helpful in our evaluation.

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Date \_\_\_\_\_ Signed \_\_\_\_\_

Name \_\_\_\_\_ Occupation \_\_\_\_\_

Address \_\_\_\_\_

City/Prov. \_\_\_\_\_ Phone \_\_\_\_\_