APPLICATION FOR SHORT-TERM MISSIONS

Recommendation Form

Instruction for the Applicant

Please fill in the informa	tion requi	red in the top s	ection of th	nis form and f	forward to yo	our recomme	ender.
Applicant's name :							
Mission Trip: Date of the Trip:							
In accordance with federinspection upon request by completing and significance a response.	, unless th	ne applicant ha	s waived th	ne right of ac	cess in adva	ance. Pleas	e indicate your wish
I (check one)	☐ DO	☐ DO NOT	waive a	ccess to this	recommend	lation.	
Applicant's Signature:						Date:	
Instruction for the Representation of the Re	turn this fo		icant in a s	ealed envel	ope with yo	our signatur	e across the seal.
Name:							
Position / Title:							
Organization:							
Daytime Phone No.:					Fax N	lo.:	
E-mail address:							
Address:							

Form 612 - 8 - B, 3/2 Please complete the following questions in the space provided or in a separate sheet of paper.												
1.	How long have you known the applicant and under what circumstances?											
2.	In your best knowledge, what are the applicant's most outstanding gifts or characteristics?											
3.	Where do you think the applicant's weaknesses lie?											
4.	. How and in what way do you think the applicant can serve in this missions team?											
5.	In your best observation, what spiritual fruit do you think the applicant has?											
	Love	☐ Joy		☐ Peace		☐ Patie	ence	☐ Kindness				
	Goodness	☐ Faithfu	Iness	Gentle	eness	Self-Control						
6.	6. How would you rate the applicant in these areas:											
		\	Veakest				Strongest	Not Sure				
			1	2	3	4	5	0				
	Commitment to the Lo	ord										
	Prayer Life											
	Servant Attitude											
	Teachable Spirit											
	Flexibility Compassion for the L	oet										
	Interpersonal Skill	001										

Thank you for taking the time to complete this recommendation form. We are deeply grateful for your help.

I recommend this applicant strongly

I do not recommend this applicant

I recommend this applicant, but with reservation

Date:

I recommend this applicant

7. Please check as appropriate:

Recommender's Signature*:

^{*}If you choose to submit this via e-mail, please type your e-mail address here. By typing your email address, you recognize that all attached forms submitted from this e-mail address are considered signed by you.