

GLOBAL VENTURES CONFIDENTIAL RECOMMENDATION

Applicant: Please fill out all the information in this box.

Applicant's Name: _____ Trip _____
 Applicant's Phone: (____) ____ - _____
 Applicant's Social Security #: _____ Date of Birth: ____/____/_____

Pastor: Please complete the recommendation, place it in your letterhead envelope and send to Global Ventures without returning to the applicant. Your prompt attention to completing and returning this form is greatly appreciated.

Pastor's Name: _____ Title: _____
 Pastor's Phone: (____) ____ - _____ Home Church
 Church Name: _____
 Church Address: _____ City: _____
 State / Province: _____ Zip Code: _____

Please read the following before filling out this recommendation.

Serious consideration will be given to your evaluation of the applicant's character and fitness for short-term missions. We need to know as much as possible about our applicants to make fair appraisals of the qualifications, matching all applicants with the best possible ministry opportunity for them. Your responses will be held in strict confidence. If you have any questions, please call (918) 266-5764 to speak with a Global Ventures representative.

- How long have you known the applicant? _____
- If you have known him/her less than four months, is there someone you can recommend to assist with the recommendation?

- How well do you know the applicant? By Face/Name Casually Fairly Well Very Well

SKILLS	WHICH OF THE FOLLOWING BEST DESCRIBES THE APPLICANT?										
	Excellent	Above Average	Average	Poor	Unknown	CHARACTER	Often	Sometime	Rarely	Never	Unknown
Adaptability	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Procrastinates	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Servant Life	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Critical	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Dependability	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Irritable	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Spiritual Life	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Complains	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Maturity	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Depressed	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Responses to Authority	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Argumentative	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Spiritual Influence on Others	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Domineering	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Leadership Ability	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Rebellious	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

- How often does the applicant attend your church? _____
- Is the applicant involved in the ministry of Helps in his/her church? Yes No
 If yes, what areas _____
- To your knowledge, has the applicant had a salvation experience? Yes No
- To your knowledge, has the applicant's interest in missions been influenced by a desire to escape a difficult situation such as:
 Family problems Yes No
 Financial struggles Yes No
 Troubled romance Yes No
- Are you aware of:
 Any mental or emotional illness Yes No
 Instability in the applicant Yes No
- To your knowledge, has the applicant used tobacco, alcohol, or illegal drugs? Yes No
- If yes, within the last year? Yes No
- Have you ever had reason to question the applicant's morals? Yes No
- Do you have any reason to lack confidence in the applicant? Yes No

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For MISSIONARY position: Based on the above information the applicant is:

Strongly Recommended Recommended Recommended w/ Reservation Not Recommended

If the applicant was Recommended with Reservation or Not Recommended, Please explain on an additional sheet for paper

If the applicant will be 18 by 01/01/2012 please evaluate for a leadership position:

Leadership	EXPERIENCED	SOME EXPERIENCE	NO EXPERIENCE
	Excellent <input type="checkbox"/>	Average <input type="checkbox"/>	Poor <input type="checkbox"/>
Lead Small Groups	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Public Speaking	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Confrontation/Accountability	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Personal Counseling	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Signature: _____ Position: _____ Date ____/____/____