



# PASTOR'S RECOMMENDATION

To be completed by a Pastor, Youth Leader, or other designated church/Christian school leader.

Applicant, please complete first two lines, then ask your pastor to complete and forward to us.

Applicant's Name \_\_\_\_\_ Applicant's Phone ( ) \_\_\_\_\_ - \_\_\_\_\_  
Applicant's Project Choice \_\_\_\_\_

Pastor's Name \_\_\_\_\_ Pastor's Phone ( ) \_\_\_\_\_ - \_\_\_\_\_  
Church Address \_\_\_\_\_  
Pastor's Relationship to Applicant: \_\_\_\_\_

*Serious consideration will be given to your evaluation. We value you as a reference concerning 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 their qualifications, matching all applicants with the best possible ministry opportunities for them. Your response will be held in strict confidence. We appreciate your prompt completion and return of this form to:*

**Global Youth Ministry, 40 Blackhawk Trail, Chatsworth, GA 30705**

- How long have you known this applicant? \_\_\_\_\_
  - How well do you know him/her? \_\_\_by face/name \_\_\_casually \_\_\_fairly well \_\_\_very well
  - Which of the following best describes the applicant?  
 Adaptability                       Servanthood                       Dependability  
 Spiritual Life                       Maturity                       Response to Authority  
 Leadership Ability                       Spiritual Influence on Peers
  - Please place a mark beside any of the following characteristics which you observe in this individual:  
 Procrastinator                       Critical Spirit                       Irritable  
 Inclined to crushes                       Depressed                       Argumentative  
 Domineering
  - Please comment on the activity and role of the applicant in the church: \_\_\_\_\_
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- To your knowledge, has the applicant's interest in missions been influenced by a desire to escape a difficult situation such as family problem, financial struggles, or a troubled relationship? \_\_\_Yes\_\_\_No
  - Are you aware of any mental or emotional illness or instability in the applicant? \_\_\_Yes\_\_\_No
  - To your knowledge has the applicant ever used tobacco, alcohol, or illegal drugs? \_\_\_Yes\_\_\_No
  - Have you ever had any reason to question the applicant's morals? \_\_\_Yes\_\_\_No
  - Do you have any reason to lack confidence in this applicant?  
\_\_\_Yes\_\_\_No
  - To your knowledge, has the applicant had a salvation experience? \_\_\_Yes\_\_\_No
  - We would appreciate any additional comments you might have concerning the applicant. Please use this space or additional paper to describe: \_\_\_\_\_
- 

Based on the information above, the applicant is: \_\_\_\_\_  
 Strongly recommended  
 Recommended  
 Recommended with reservation  
 Not recommended at this time

\_\_\_\_\_  
**Pastor/Leader's Signature**