**APPLICATION FOR SHORT-TERM MISSIONS**

**RECOMMENDATION FORM**

**Instruction for the Applicant**

Please fill in the information required in the top section of this form and forward to your recommender.

|  |  |
| --- | --- |
| Applicant's name :  |       |
| Mission Trip:  |       | Date of the Trip:  |       |

In accordance with Federal Regulations, materials in an applicant's file, such as recommendation forms, are open to inspection upon request, unless the applicant has waived the right of access in advance. Please indicate your wish by completing and signing the statement below. **Your right to review this form is considered waived if you do not check a response**.

I (check one) [ ]  **DO** [ ]  DO NOT waive access to this recommendation.

|  |  |  |  |
| --- | --- | --- | --- |
| Applicant's Signature:  |       | Date: |       |

**Check box if, Electronic signed** [ ]

**Instruction for the Recommender**

**Recommender's information:**

|  |  |
| --- | --- |
| Name:  |       |
| Position / Title:  |       |
| Organization:  |       |
| Daytime Phone No.:  |       |
| E-mail address:  |       |

*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?

1. In your best knowledge, what are the applicant’s most outstanding gifts or characteristics?

1. Where do you think the applicant’s weaknesses lie?

1. How would you rate the applicant in these areas:

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
|  | Weakest |  | Average |  | Strongest | Not Sure |
|  | 1 | 2 | 3 | 4 | 5 | 0 |
| Commitment to the Lord  | [ ]  | [ ]  | [ ]  | [ ]  | [ ]  | [ ]  |
| Prayer Life | [ ]  | [ ]  | [ ]  | [ ]  | [ ]  | [ ]  |
| Servant Attitude | [ ]  | [ ]  | [ ]  | [ ]  | [ ]  | [ ]  |
| Submit to the team leader | [ ]  | [ ]  | [ ]  | [ ]  | [ ]  | [ ]  |
| Teachable Spirit | [ ]  | [ ]  | [ ]  | [ ]  | [ ]  | [ ]  |
| Flexibility  | [ ]  | [ ]  | [ ]  | [ ]  | [ ]  | [ ]  |
| Compassion for the Lost | [ ]  | [ ]  | [ ]  | [ ]  | [ ]  | [ ]  |
| Interpersonal Skill | [ ]  | [ ]  | [ ]  | [ ]  | [ ]  | [ ]  |

1. Please check as appropriate: I recommend this applicant strongly [ ]

 I recommend this applicant [ ]

 I recommend this applicant, but with reservation [ ]

 I do not recommend this applicant [ ]

|  |  |  |  |
| --- | --- | --- | --- |
| Recommender's Signature: |       | Date: |       |

**Check box if, Electronic signed** [ ]

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

**Email**: Please email this recommendation letter to FECSGV Local Missions Committee Chairperson, lmc@fecsgv.org. Thank you.

**Alternative, Hardcopy**: Please complete and return this form to the applicant in a sealed envelope with your signature across the seal.