



# Pastor Recommendation

Note: The upper portion is to be completed by the applicant.

To the applicant: This recommendation should be completed by your pastor and mailed directly by him to the Biblical Life Ministries office. If your pastor is your parent, spouse, or other family member, ask another member of the church's pastoral staff to complete this form.

Date \_\_\_\_\_ Phone \_\_\_\_\_

Applicant Name: \_\_\_\_\_

Address: \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

I give permission for my pastor to complete this recommendation and return it to Biblical Life Ministries without my review.

Applicant's Signature \_\_\_\_\_ Date \_\_\_\_\_

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The Following is to be completed by the Pastor.

To the Pastor: The above named is applying for overseas ministry with Biblical Life Ministries. Please fill out this recommendation as honestly as you are able. Serious consideration will be given to your comments. Thank you for your assistance.

How long have you known the applicant? \_\_\_\_\_ In what capacity? \_\_\_\_\_

How well do you know him/her (Please check one.)

- |                                                           |                                                                  |
|-----------------------------------------------------------|------------------------------------------------------------------|
| <input type="checkbox"/> Very well, pastoral relationship | <input type="checkbox"/> Fairly well, numerous personal contacts |
| <input type="checkbox"/> Casually, few personal contacts  | <input type="checkbox"/> By name/sight                           |

To your knowledge, has the applicant made a personal commitment to Jesus Christ? \_\_\_ Yes \_\_\_ No

As far as you know, is this a person of good moral character? \_\_\_\_\_

Do you agree with their decision to apply for overseas missionary service? \_\_\_\_\_

In what form of Christian service has the applicant participated regularly in your church? \_\_\_\_\_

\_\_\_\_\_

Please indicate what you consider to be the applicant's strengths. \_\_\_\_\_

Do you know of any weaknesses of which we should be aware? \_\_\_\_\_

To your knowledge, does the applicant: Smoke? \_\_\_\_\_ Drink? \_\_\_\_\_ Use illegal drugs? \_\_\_\_\_

Please evaluate the applicant in regard to the following categories. Check the response that best describes the applicant in each area.

|                      | Excellent | Above Average | Average | Below Average | No Chance to Observe |
|----------------------|-----------|---------------|---------|---------------|----------------------|
| Leadership           |           |               |         |               |                      |
| Responsibility       |           |               |         |               |                      |
| Initiative           |           |               |         |               |                      |
| Empathy              |           |               |         |               |                      |
| Personal appearance  |           |               |         |               |                      |
| Health               |           |               |         |               |                      |
| Emotional Stability  |           |               |         |               |                      |
| Integrity            |           |               |         |               |                      |
| Moral Commitment     |           |               |         |               |                      |
| Christian Commitment |           |               |         |               |                      |
| Work Habits          |           |               |         |               |                      |

Please check one:

\_\_\_ I *highly* recommend \_\_\_ I recommend \_\_\_ I recommend *with reservation* \_\_\_ I *cannot* recommend

Please complete the following information:

Name \_\_\_\_\_ Phone \_\_\_\_\_

Name of church and denomination \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

E-mail \_\_\_\_\_

Signature \_\_\_\_\_ Date \_\_\_\_\_

Please return this form to:

Biblical Life Ministries – ATTN: Personnel - P.O. Box 488 – Rockwall, TX 75087