



PERSONAL RECOMMENDATION

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

To the applicant: This recommendation should be completed by a friend or business associate and mailed directly by him/her to Biblical Life Ministries.

Date _____ Phone _____

Applicant Name: _____

Address: _____

City _____ State _____ Zip _____

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

Applicant's Signature _____ Date _____

The Following is to be completed a friend or associate.

To the Friend/Associate: The above named is applying for overseas missionary service 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, frequent personal contacts | <input type="checkbox"/> Fairly well, many personal contacts |
| <input type="checkbox"/> Casually, few personal contacts | <input type="checkbox"/> By name/sight |

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

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 as many terms which, in your opinion, best describe the applicant's attitude toward people and activities.

Warmhearted Sympathetic Passive Enthusiastic Respectful
 Contemptuous Loving Tolerant Critical Forgiving

Please complete the following information:

Name _____ Phone _____

Relation to applicant: Friend Business Associate Church Associate

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