

PASTOR'S RECOMMENDATION FORM

Foursquare Missions "Go" Team, Managua, Nicaragua

APPLICANT: Please fill in all information in this box before you approach your pastor. Include a stamped envelope addressed to: *New Song - 9310 Old Henry Road - Louisville, KY 40245*

Name of Applicant		Phone #	
Address			
City		State	
Zip		Date	

I, the above named applicant, waive any right I have to read or obtain copies of this recommendation knowing that this waiver is not required as a condition for admission.

Applicant's Signature	
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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 their qualifications, matching all applicants with the best possible ministry opportunity for them. Your responses will be held in confidence. If you have any questions, comments or concerns regarding the outreach or the applicant, please feel free to call **(502) 243-4050**. We appreciate your input and prompt return of this form.

Pastor's Name		Pastor's Signature	
Pastor's Phone		Church Name	
Church Address		City, State, Zip	

How long have you known the applicant?

How well do you know him/her? <i>(please circle)</i>	By Face/Name	Casually	Fairly Well	Very Well
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Please fill in each blank with the most appropriate description.

E = Excellent AA = Above Average A = Average P = Poor

Initiative		Servanthood		Concern for others		Ability to follow		Leadership	
Decision-making		Emotional stability		Maturity		Personal appearance		Health	

Is the applicant active in his/her church? To what extent?

With reference to his/her Christian walk, do you consider the applicant to be: *(please circle)*

Dedicated	Average	Casual
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Would you recommend this applicant for acceptance on this short-term outreach?	Yes	No
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Please return this form to New Song. Thank you for your help!