

BEHRMAN MINISTRIES
PASTORS RECOMMENDATION

Serious consideration will be given to your evaluation. We value you as a reference concerning the applicant's character and qualification for short-term missions. Your responses will be held in strict confidence. Your prompt completion is appreciated.

Please return to Behrman Ministries, P.O. Box 180543, Delafield, WI, 53018.

Applicant's name: _____ Age _____

Pastor's name: _____ Title _____

Phone: _____ Church's Name _____

Address: _____ City: _____ State: _____ Zip: _____

How long have you known the Applicant? _____

How well do you know him/her? By face/name Casually Fairly well Very well

PLEASE EVALUATE THE APPLICANT IN THE FOLLOWING AREAS

E=Excellent, G=Good, F=Fair, P=Poor, U=Unknown

___ Adaptability ___ Dependability ___ Maturity ___ Leadership ability
___ Servanthood ___ Spiritual life/maturity ___ Response to Authority ___ Influence on peers

O=Often, S=Sometimes, R=Rarely, N=Never

___ Critical ___ Irritable ___ Depressed
___ Argumentative ___ Domineering ___ Rebellious

Is the applicant active in his/her church? Yes No

To your knowledge, does the applicant have a meaningful, personal relationship with Jesus Christ? Yes No

To your knowledge, has the applicant's interest in missions been influenced by a desire to escape a difficult situation such as family problems, financial struggles, or a troubled romance? Yes No

Are you aware of any mental or emotional illness or instability in the applicant? Yes No

To your knowledge, has the applicant used tobacco, alcohol, or illegal drugs in the last year? Yes No

Have you ever had reason to question the applicant's morals? Yes No

Do you have any reason to lack confidence in the applicant? Yes No

We would appreciate any additional comments you might have concerning the applicant, Please use the space below.

Based on the above information, the applicant is:

Highly recommended Recommended
 Recommended with reservation Not recommended at this time

Signature _____

Date _____