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## CONFIDENTIAL

### SHORT-TERM MISSION TEAM PASTORAL RECOMMENDATION

To be filled out by a pastor/minister or lay leader at the applicant's church who knows the applicant well. *Applicant: Please choose the leader who you believe knows you the best (i.e. a small group leader). If they are not in a pastoral position, have them fill out the recommendation and also ask their overseeing pastor to verify it with a signature).*

#### RECOMMENDATION FOR:

NAME: \_\_\_\_\_

APPLYING FOR SHORT-TERM MISSION TRIP TO: \_\_\_\_\_

DATES: \_\_\_\_\_

#### RECOMMENDATION PREPARED BY:

NAME: \_\_\_\_\_ TITLE: \_\_\_\_\_

CHURCH: \_\_\_\_\_

ADDRESS: \_\_\_\_\_

CITY/STATE/ZIP \_\_\_\_\_

PHONE #: \_\_\_\_\_ EMAIL: \_\_\_\_\_

1. How long have you known the applicant?
2. Please describe the applicant's Christian faith commitment.

3. What are some of the applicant's strengths? What are the applicant's weaknesses?
  
4. This person is planning to go on an overseas short-term mission trip where he/she will be in an unfamiliar environment and culture. Please describe any areas of concern, if any, you have about this applicant.
  
5. To your knowledge, does this person live a consistent Christian life? Please explain.

For the following questions, please evaluate this person on a scale of 1-10.  
(1 is lowest, 6 is average, and 10 is excellent)

- |     |  |       |
|-----|--|-------|
| 1.  | Applicant would be an asset to an overseas ministry effort   | _____ |
| 2.  | Clean and neat in appearance                                 | _____ |
| 3.  | Conduct with the opposite sex                                | _____ |
| 4.  | Works well with others                                       | _____ |
| 5.  | Honesty in communication                                     | _____ |
| 6.  | Common sense judgment  | _____ |
| 7.  | Controls their emotions                                      | _____ |
| 8.  | Ability to lead others                                       | _____ |
| 9.  | Willingness to submit to leadership                          | _____ |
| 10. | Follow through with responsibility                           | _____ |
| 11. | Mature enough to stay away from home for length of this trip | _____ |
| 12. | Applicant's general health                                   | _____ |

Signature: \_\_\_\_\_

Date: \_\_\_\_\_

This information is confidential and will not be shared with the applicant and will only be shared with those persons responsible for the safety and well being of the team.

**Please promptly return the completed recommendation to:**

**Tony & Jane Rodriguez**  
**Jane's House**  
[janeshouseindia@msn.com](mailto:janeshouseindia@msn.com)  
**PO Box 167**  
**Port Orchard, WA 98366**

**or email responses to:**