

LETTER OF RECOMMENDATION #2

Missionary Candidate:

1. Complete the shaded section.
2. Email the form to your reference of choice or mail to your referral including a stamped envelope addressed to the address on the right.

Referee:

1. Complete the non-shaded sections.
2. Email to christy@greatcities.org or mail to:
Great Cities Missions
3939 Belt Line Rd. Suite 705
Addison, Texas 75001

THIS PORTION TO BE COMPLETED BY APPLICANT:

I am applying for a position as a missionary to _____ and I am asking you to serve as one of my references. Thank you for your part in this important phase of my preparation.

A. _____
 Last Name of Applicant (Please Print) First Middle

B. This recommendation is from a (check one): Preacher Elder Teacher/Professor Employer
 Professional acquaintance Other _____

C. NOTE: This form is not to be filled out by members of your family or friends.

D. Applicants may waive their right to see specific confidential statements and letters of recommendation. In the belief that applicants and the persons from whom they request evaluations may wish to preserve the confidentiality of those evaluations, we are giving you an opportunity to sign one of the following statements.

I waive my right to examine this form. _____
Applicant's Signature Date

I **do not** waive my right to examine this form. _____
Applicant's Signature Date

1. How do you assess the abilities and character of the applicant in the following categories as compared to his or her peers?

	Unknown	Poor	Average	Good	Superior
Intellectual ability	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Ability to work with others	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Initiative	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

	Unknown	Poor	Average	Good	Superior
Creativity and imagination	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Maturity	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Interpersonal skills	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Self-confidence	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Self-discipline	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Oral communication skills	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Written communication skills	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Ability to analyze problems	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Ability to formulate solutions	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Leadership skills	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Quality of work	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Potential for advancement	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Motivation for mission work	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Aptitude for missionary work	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Developed spiritual life	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Practices sharing his/her faith	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

2. How long have you known the applicant? _____

3. Please add any recommendations, concerns, or other comments in the space below:

Print Your Name: _____ Signature: _____

Address: _____

City: _____ ST: _____ ZIP: _____

Day Telephone: (_____) _____ Evening Telephone: (_____) _____

After completing this form, please mail to the address on page 1 or email to christy@greatcities.org.