



# futureVision Ministries

## Confidential Recommendation

### Pastor/Youth Pastor

**Participant:** Please fill out all the information in this box, before delivering to your Pastor or Youth Pastor.

Name of participant: \_\_\_\_\_ Phone Number: (\_\_\_\_\_) \_\_\_\_\_  
 Mission Country: \_\_\_\_\_ Trip Date: \_\_\_\_\_

**Pastor/Youth Pastor:** Please complete this recommendation, and send to:

**futureVision Ministries**  
 PO Box 474  
 Sand Springs OK 74063 USA

Pastor: \_\_\_\_\_ Title: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Church Phone: \_\_\_\_\_

Church Name: \_\_\_\_\_

Church Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

E-Mail Address: \_\_\_\_\_

*We appreciate the time that you are taking to complete this confidential recommendation. The information that we receive will assist us to evaluate the participants character and their heart for service. All information contained on this form will be held in strict confidence.*

How long have you known the participant? \_\_\_\_\_

How well do you know him/her?  Casually  Fairly Well  Very Well

Is the participant active in his/her church/youth group?  Yes  No

To your knowledge, has the participant used tobacco, alcohol or illegal drugs?  Yes  No

Within the past year?  Yes  No

Do you have reason to question the participants morals?  Yes  No

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

**PLEASE CHECK THE FOLLOWING ABILITIES AND CHARACTER TRAITS THAT BEST DESCRIBES THE PARTICIPANT**

SKILLS	EXCELLENT	ABOVE AVERAGE		POOR	CHARACTER	OFTEN	SOMETIMES	RARELY	NEVER
Flexibility	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Critical	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Servant's Heart	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Inclined To Crushes	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Spiritual Influence On Others	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Irritable	<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"/>	Procrastinates	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Dependability	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Depressed	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Response To Authority	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Rebellious	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Spiritual Life	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Domineering	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Leadership Ability	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Argumentative	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

*Based on the information above, the participant is:*

Recommended without reservation  Recommended  Recommended with reservation  Not Recommended

*If you checked "with reservation" or "not recommended" please explain on the back of this sheet.*

Pastor's Signature \_\_\_\_\_ Date \_\_\_\_\_