

# J.S.M.I. Global Ventures Confidential Recommendation

**Applicant: Please fill out all the information in this box.**

Applicant's Name: \_\_\_\_\_ Trip \_\_\_\_\_  
 Applicant's Phone: (\_\_\_\_) \_\_\_\_-\_\_\_\_\_  
 Applicant's Social Security #: \_\_\_\_\_ Date of Birth: \_\_\_\_/\_\_\_\_/\_\_\_\_

**Pastor: Please complete the recommendation, place it in your letterhead envelope and send to J.S.M.I. – John Smithwick Ministries International without returning to the applicant. Your prompt attention to completing and returning this form is greatly appreciated.**

Pastor's Name: \_\_\_\_\_ Title: \_\_\_\_\_  
 Pastor's Phone: (\_\_\_\_) \_\_\_\_-\_\_\_\_  Home  Church  
 Church Name: \_\_\_\_\_  
 Church Address: \_\_\_\_\_ City: \_\_\_\_\_  
 State / Province: \_\_\_\_\_ Zip Code: \_\_\_\_\_

**Please read the following before filling out this recommendation.**

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 the qualifications, matching all applicants with the best possible ministry opportunity for them. Your responses will be held in strict confidence. If you have any questions, please call (918) 266-5764 to speak with a J.S.M.I. – John Smithwick Ministries International representative.

- How long have you known the applicant? \_\_\_\_\_
- If you have known him/her less than four months, is there someone you can recommend to assist with the recommendation? \_\_\_\_\_
- How well do you know the applicant?  By Face/Name  Casually  Fairly Well  Very Well

| WHICH OF THE FOLLOWING BEST DESCRIBES THE APPLICANT? |                          |                          |                          |                          |                          |                |                          |                          |                          |                          |                          |
|--|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|----------------|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|
| SKILLS   | Excellent                | Above Average            | Average                  | Poor                     | Unknown                  | CHARACTER      | Often                    | Sometime                 | Rarely                   | Never                    | Unknown                  |
| Adaptability   | <input type="checkbox"/> | <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"/> | <input type="checkbox"/> |
| Servant Life   | <input type="checkbox"/> | <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"/> | <input type="checkbox"/> |
| Dependability  | <input type="checkbox"/> | <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"/> | <input type="checkbox"/> |
| Spiritual Life                                       | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Complains      | <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"/> | Depressed      | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Responses to Authority                               | <input type="checkbox"/> | <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"/> | <input type="checkbox"/> |
| Spiritual Influence on Others                        | <input type="checkbox"/> | <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"/> | <input type="checkbox"/> |
| Leadership Ability                                   | <input type="checkbox"/> | <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"/> | <input type="checkbox"/> |

- How often does the applicant attend your church? \_\_\_\_\_
- Is the applicant involved in the ministry of Helps in his/her church?  Yes  No  
 If yes, what areas \_\_\_\_\_
- To your knowledge, has the applicant had a salvation experience?  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  Yes  No
  - Financial struggles  Yes  No
  - Troubled romance  Yes  No
- Are you aware of:
  - Any mental or emotional illness  Yes  No
  - Instability in the applicant  Yes  No
- To your knowledge, has the applicant used tobacco, alcohol, or illegal drugs?  Yes  No
- If yes, within 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

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**For MISSIONARY position: Based on the above information the applicant is:**

Strongly Recommended     Recommended     Recommended w/ Reservation     Not Recommended

*If the applicant was Recommended with Reservation or Not Recommended, Please explain on an additional sheet for paper*

**If the applicant will be 18 by 01/01/2010 please evaluate for a leadership position:**

| Leadership                   | EXPERIENCED              | SOME EXPERIENCE          | NO EXPERIENCE            |
|------------------------------|--------------------------|--------------------------|--------------------------|
|                              | Excellent                | Average                  | Poor                     |
| Lead Small Groups            | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Public Speaking              | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Confrontation/Accountability | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Personal Counseling          | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |

Signature: \_\_\_\_\_ Position: \_\_\_\_\_ Date \_\_\_\_/\_\_\_\_/\_\_\_\_