

**Pastor's Recommendation: Confidential**

Name of Applicant \_\_\_\_\_

**Applicant:** IMPORTANT! Your pastor completes this form. Please fill out only your name. The pastor's recommendation can be completed by your senior pastor, youth pastor, or a pastor on staff at the local church you attend.

**Pastor:** Please complete the recommendation, place it in an envelope, seal the envelope, and send to The Buffalo Dream Center, 286 Lafayette Avenue, Buffalo, New York 14213. Do NOT return this form to the applicant. If you have any questions please call 716.854.1001.

Name \_\_\_\_\_  
Last Name First Middle

Address \_\_\_\_\_  
Street Address

\_\_\_\_\_  
City State / Prov. Zip / Postal Code

Phone Number: \_\_\_\_\_ E-mail Address: \_\_\_\_\_

Relationship to the applicant: \_\_\_\_\_

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 their qualifications, matching all applicants with the best possible ministry opportunity for them. Your responses will be held in strict confidence.

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

**How well do you know him/her? (circle one)**

BY FACE/ NAME                      CASUALLY                      FAIRLY WELL                      VERY WELL

**Which of the following best describes the applicant?**

E=EXCELLENT AA=ABOVE AVERAGE A=AVERAGE P=POOR U=UNKNOWN

Adaptability\_\_\_\_ Servanthood\_\_\_\_ Dependability\_\_\_\_ Spiritual Life\_\_\_\_ Maturity\_\_\_\_

Response to Authority\_\_\_\_ Spiritual Influence on Peers\_\_\_\_ Leadership Ability\_\_\_\_

O=OFTEN      S=SOMETIMES    R=RARELY      N=NEVER      U=UNKNOWN

Procrastinates\_\_\_\_\_    Critical\_\_\_\_\_    Irritable\_\_\_\_\_    Inclined to Crushes\_\_\_\_\_    Depressed\_\_\_\_\_

Argumentative\_\_\_\_\_    Domineering\_\_\_\_\_    Rebellious\_\_\_\_\_    Punctual \_\_\_\_\_

**Circle YES/NO:**

Is the applicant active in his/her church?      YES      NO

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, 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

Based on the above information, for a missionary position with BDC the applicant is:

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