



Confidential Recommendation

Must be completed by someone that has known you for at least three years.

APPLICANT:

Please complete all of the information in this box and give the recommendation to your pastor, youth pastor, teacher, etc.

Applicant Name: _____ Applicant Phone: () _____ D.O.B. _____

Please complete the recommendation and return to TBM. DO NOT RETURN THIS RECOMMENDATION TO THE APPLICANT.

First Name: _____ Last Name: _____

Address: _____ City: _____ State: _____ Zip: _____

Work Phone: () _____ Ext. _____ Home Phone: () _____

Please read the following before completing 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 and 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 (810) 348-2945 to speak with a Trail Blazer Missions representative.

- Relationship to applicant (i.e., pastor, manager, teacher) _____
- How long have you known the applicant? _____
- 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	Very Well	Fairly Well	CHARACTER	Often	Sometimes	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"/>
Servanthood	<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"/>	Inclined to crushes	<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"/>
Response 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 Peers	<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"/>

- 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? Yes No Financial struggles? Yes No Troubled romance? Yes No
- Are you aware of any mental or emotional illness? Yes No Or, instability in the applicant? Yes No
- To your knowledge, has the applicant used tobacco, alcohol, or illegal drugs? Yes No Within the past 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, the applicant is:

- Strongly Recommended Recommended Recommended with Reservation* Not Recommended at this time

*If the applicant was Recommended with Reservation, please explain on an additional sheet of paper.

For LEADERSHIP position: If applicant will be 18 by January 1st, please evaluate for a leadership position: A **Trail Guide** (at least 18 years of age) will be assisting the **Team Leaders** by providing accountability and discipleship for a small group of young people on the team. A **Team Leader** (at least 25 years of age and has previously lead as a Trail Guide) will be assisting the TBM Adventure Directors by providing accountability and discipleship for a group of 20-30. Serious consideration will be given to your evaluation. We value you as a reference concerning the applicant's character, experience and aptitude for a leadership position. Your prompt attention to completing this form is greatly appreciated.

LEADERSHIP	Experienced	Some Experience	No Experience	COMMENTS
Lead small group (5-10)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____
Lead large group (20-30)	<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"/>	_____

Would Recommend For: Trail Guide (Small group leader) Team Leader (Large group leader) Neither

Signature: _____ Position: _____ Date: ____/____/____