



**Grace Dental & Medical Missions, Inc.**

150 Cross Street

Methuen, MA 01844

[gdmmissions.org](http://gdmmissions.org)

# Pastor's Recommendation Form

**APPLICANT:** Please complete the first section (APPLICANT'S INFORMATION) of this recommendation, and then give it to your pastor. If the pastor is a relative, please give this form to another minister or officer of your church. No action will be taken on your application until this form is received.

**PASTOR/RECOMMENDER:** Please complete the second section (PASTOR / CHURCH OFFICER) of this recommendation, and then submit this form directly to GDM Missions.



---

## APPLICANT'S INFORMATION

LAST NAME:

FIRST NAME:

STREET ADDRESS:

CITY:

STATE:

ZIP CODE:

EMAIL:

PHONE:

MINISTRY TRIP

APPLIED FOR:

By placing my initials in the box below I am authorizing the release of the following information to be considered in my application for a Field Team Evangelistic Ministry with GDM Missions. I understand that the information will be held in confidence by GDM Missions and will not be released to me or anyone else. I understand that the person completing the information below will submit this questionnaire directly to GDM Missions.

INITIALS



---

## PASTOR / CHURCH OFFICER

CHURCH NAME:

YOUR NAME:

STREET ADDRESS:

CITY:

STATE:

ZIP CODE:

EMAIL:

PHONE:

May we ask your help as we seek to make an intelligent decision regarding those applying for Field Team Evangelistic Ministry with Grace Dental and Medical Missions? This information will be held strictly confidential by GDMissions and will not be made available to the candidate. Please answer these questions based on your observations.

---

1. Does the applicant give evidence in his/her life of having been born again?

Yes                      No                      Unsure

Comment:

.....

2. Has the applicant been faithful in attendance at church services?

Yes                      Sporadic                      No

Comment:

.....

3. Does the applicant show respect for authority (home, church, and civil)?

Yes                      Inconsistent                      No                      Don't know

Comment:

.....

4. Is the applicant's behavior toward the opposite sex above reproach?

Yes                      Questionable                      No                      Don't know

Comment:

.....

5. Does the applicant have a teachable spirit?

Yes                      Unresponsive                      Argumentative                      Don't know

Comment:

.....

6. Does the applicant show evidence of growth in his/her spiritual life?

Yes                      Unsure

Comment:

.....

7. Do you recommend we accept the applicant for a Field Team Evangelistic Ministry Trip with GDMissions?

Yes, enthusiastically

Yes, with reservations

No

Comment:

---

8. Please give any added information you think will help us in evaluating the applicant for acceptance.

INITIALS:

---

Once you have completed this form please save the file, go to <http://apps.gdmmissions.org>, and add/upload the file to our administrative department. You may also save the file and send it as an e-mail attachment to [apps@gdmmissions.org](mailto:apps@gdmmissions.org). Alternatively, send us a printed copy at:

Field Team Acceptance Committee  
**GDMissions**  
150 Cross Street  
Methuen, MA 01844

---

OFFICE:  
978.454.6710

---

---