



# Grace Dental and Medical Missions, Inc.

150 Cross St., Methuen, MA 01844, 978-454-6710

## Christian School Administrator's Recommendation Form

Please complete the first section of this recommendation, and then give it to an administrator of the Christian School you are currently attending. No action will be taken on your application until this form is received.

### TO BE COMPLETED BY APPLICANT:

I am authorizing the release of the following information to be considered in my application for a Field Team Evangelistic Ministry with Grace Dental and Medical Missions, Inc. (GDMissions) and understand that the information will be held in confidence by GDMissions and will not be released to me or anyone else. I understand that the person completing the information below will mail this questionnaire to Grace Dental and Medical Missions.

Signature of Applicant: \_\_\_\_\_

Applicant's Name (please print) \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_

State \_\_\_\_\_

Zip \_\_\_\_\_

### TO BE COMPLETED BY THE PERSON RECOMMENDING THE APPLICANT:

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  It is difficult to tell  No

Any clarification: \_\_\_\_\_

2. Has the applicant been faithful in attendance during class times and other mandatory school functions?

Yes  Sporadic  No

Any clarification: \_\_\_\_\_

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

Yes  Inconsistent  No  I don't know

Any clarification: \_\_\_\_\_

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

Yes  Questionable  No  I don't know

Any clarification: \_\_\_\_\_

5. Does the applicant have a teachable spirit?

Yes  Unresponsive  Argumentative  I don't know

Any clarification: \_\_\_\_\_

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

Yes  It is difficult to tell  No

Any clarification: \_\_\_\_\_

7. Please give any added information you think will help us in evaluating the applicant for acceptance. Use the other side of this page if necessary.

8. Do you recommend we accept the applicant for a Field Team Evangelistic Ministry Trip with Grace Dental and Medical Missions?

Yes, enthusiastically  Yes, with reservation  No

**Any additional information that you may have would be appreciated and may be attached to this form.**

Mail completed form to: Field Team Acceptance Committee  
Grace Dental and Medical Missions, Inc.  
150 Cross Street, Methuen, MA 01844

This person's application cannot be further processed until we hear from you.

Signature of person filling out form:

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Name (Please print)

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School Name	Address		
City	State	Zip	
Phone Number (     )	Date		

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