



Grace Dental & Medical Missions, Inc.

69 Cross Street, Methuen, MA 01844
www.gdmmissions.org

PASTOR'S RECOMMENDATION

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.

PLEASE REMEMBER TO SAVE YOUR FILE AFTER YOU HAVE FINISHED FILLING IT OUT.

PERSONAL INFORMATION

Last Name:

First Name:

Street Address:

State:

City:

Zip Code:

Phone:

Email:

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 GDM Missions and will not be made available to the candidate. Please answer the following 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 GDM Missions?

Yes, enthusiastically Yes, with reservations No

Comment:

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

Once you have completed this application please save the file, click [HERE](#), and add/upload the file to our administrative department. You may also save the file and send it as an email attachment to apps@gdmmissions.org. Alternatively, send us a printed copy at:

INITIALS:

Field Team Acceptance Committee
GDM Missions
69 Cross Street
Methuen, MA 01844