

RECOMMENDATION FORM (1B)

Admission Training Program
1000 Missionaries Movement

This form must be accomplished by the chairman of the church board in writing and must be sent back through email to 1000mmdirsec@gmail.com.

REFEREE INFORMATION

Local Church Board _____
Chairman _____
Church Clerk _____
Email Address _____
Mobile Phone Number _____

Signature of the Chairman: _____ Date: _____ Signature of Clerk: _____

VOLUNTEER REFERRAL INFORMATION

Name (Last, First, Middle Names) _____
Local Church Membership _____
Local District _____
Local Mission/ Conference _____
Local Union Conference _____
Birthdate _____
Birthplace _____
Baptism Date _____

MORE REFERRAL INFORMATION

How long has the volunteer been a member of this local church? _____

What is the civil status of the volunteer? Please explain, if necessary. _____

If with children, how many? _____

Does the volunteer indulge in caffeinated drinks? _____

Does the volunteer smoke tobacco? _____

Does the volunteer drink alcoholic beverages/liquor? _____

Does the volunteer use drugs? _____

In what programs does the volunteer participate in the mission of the church? _____

What impressed you about the volunteer that is indicative of becoming an effective missionary?

