## Name of Applicant \_\_\_\_\_ \_\_\_\_ Buffalo Dream Center Intern Love Honduras Trip Information (location and date): Applicant: IMPORTANT! Your personal reference completes this form. Please fill out only your name. Please make sure that the person you select as a personal reference is not a relative. The pastoral reference can be your senior pastor, youth pastor, or a pastor on staff at the local church you attend. Reference: Please complete the recommendation, place it in an envelope, seal the envelope, and send to The Buffalo Dream Center, 286 Lafayette Avenue, Buffalo, New York 14213. Do NOT return this form to the applicant. If you have any questions please call 716.854.1001. Name \_\_\_\_\_ Address \_\_\_\_ City State / Prov. Zip / Postal Code Phone Number: \_\_\_\_\_ E-mail Address: \_\_\_\_\_ Relationship to the applicant: Please read the following before filling out 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, matching all applicants with the best possible ministry opportunity for them. Your responses will be held in strict confidence. How long have you known the applicant? How well do you know him/her? (circle one)

CASUALLY FAIRLY WELL

**VERY WELL** 

Personal Recommendation: Confidential

BY FACE/ NAME

## Which of the following best describes the applicant?

E=EXCELLENT AA=ABOVE AVERAGE A=AVERAGE P=POOR U=UNKNOWN
Adaptability Servanthood Dependability Spiritual Life Maturity
Response to Authority Spiritual Influence on Peers Leadership Ability
O=OFTEN S=SOMETIMES R=RARELY N=NEVER U=UNKNOWN
Procrastinates Critical Irritable Inclined to Crushes Depressed
Argumentative Domineering Rebellious Punctual
Circle YES/NO:
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, financial struggles, or a troubled romance? YES NO
Are you aware of any mental or emotional illness or instability in the applicant? YES NO
To your knowledge, has the applicant used tobacco, alcohol, or illegal drugs in the last 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, for a missionary position with BDC the applicant is:

Pastor's Recommenda	ation: Confidential		
Name of Applicant			
Love Honduras		Buffalo Dream Center Inte	ern
Trip Information (locat	ion and date):		
• •	·		out only your name. The pastor's or, or a pastor on staff at the local
•	nter, 286 Lafayette Av	venue, Buffalo, New York 1	e, seal the envelope, and send to 4213. Do NOT return this form to
Name	e First		Middle
AddressStreet Add	dress		
City State / Prov. Zip / Postal Code			
Phone Number:	E-	mail Address:	
Relationship to the ap	plicant:		
your evaluation of the much as possible ab	e applicant's characte out our applicants to	r and fitness for short-ter o make fair appraisals of	ous consideration will be given to m missions. We need to know as their qualifications, matching all ur responses will be held in strict
How long have you kn	own the applicant?		
How well do you know	w him/her? (circle one	e)	
BY FACE/ NAME	CASUALLY	FAIRLY WELL	VERY WELL

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