



Latin American Missions Board
 Reference Form for Short-term Missions Trips

Instructions to Applicant	Instructions to Person Providing Reference
1. Write your name in the space below. 2. Place a first-class postage stamp on a business-size envelope and address it to Latin American Missions Board PO Box 15663 Fort Wayne, IN 46885-5663 3. Give this application and the stamped, addressed envelope to your reference (not a family member). Preferred references are: your pastor, a teacher, your employer, or another adult who knows you well.	Please complete this form and return it directly to Latin American Missions Board in the envelope provided by the applicant. Your Name: _____ Your Relationship to the Applicant: _____
Name of Applicant: _____	

The Following Information is to be Completed Only by the Reference

How long have you know the applicant? _____

In what settings have you known or had experience with the applicant? _____

Please rate the applicant in the following areas:	Excellent	Good	Fair	Poor
Maturity in decision-making				
Ability to follow directions from leaders				
Ability to participate as a member of a team				
Honesty/Integrity				
Flexibility: Ability to adapt appropriately to different situations				
Dependability				
Sense of responsibility				
Ability to handle cultural differences with respect				

What specific gifts, talents, skills or abilities does the applicant possess that would be a benefit to the missions team: _____

Most of us have areas in which we would like to improve. In what areas do you think the applicant might have room for improvement? _____

Most of us have areas in which we would like to improve. In what areas do you think the applicant might have room to improve? _____

Is there anything that might concern you about the applicant's participation on the missions team? _____

What quality do you admire most about the applicant? _____

Other Comments: _____
