



Confidential Recommendation Form

Return form to: Tijuana Christian Mission ♦ P.O. Box 437930 ♦ San Ysidro, CA 92143-7930
 Office: 619-240-8650 ♦ www.tijuanachristianmission.org ♦ Email: TCM@tijuanachristianmission.org

Part 1: Applicant

Please complete all information in this box, and give this Recommendation to your Pastor/Youth Pastor, teacher, manager, or other adult (21+) who has known you for at least one year and is not a relative.

Applicant's Name _____
Applicant's Phone (____) _____
Proposed Internship Dates _____

Part 2: Recommendation

Name _____ Position/Title _____

Address _____

City _____ State/Province _____ ZIP Code _____

Email _____ Phone _____

Please read the following carefully before filling out this recommendation.

Serious consideration will be given to your evaluation of the applicant's character and fitness for the proposed internship. We need to know as much as possible about our applicant's to make fair appraisals of their qualifications, matching all applicants with the best ministry opportunities for them. Your responses will be held in strict confidence. You may return this Recommendation to the applicant, or you may mail it directly to the address listed above. If you have questions, please contact us by email: TCM@tijuanachristianmission.org.

Relationship to Applicant _____

How long have you known the Applicant? _____

How long has Applicant been actively living for the Lord? _____

How well do you know the Applicant? By Face/Name only Casually Fairly Well Very Well

Please explain. _____

Which of the following best describes the Applicant?

Skills (1 is Lowest / Weakest; 5 is Highest / Strongest)

Adaptability	1	2	3	4	5
Servant Life	1	2	3	4	5
Dependability	1	2	3	4	5
Spiritual Life	1	2	3	4	5
Maturity	1	2	3	4	5
Response to Authority	1	2	3	4	5
Spiritual Influence on Peers	1	2	3	4	5
Leadership Abilities	1	2	3	4	5
Hard Worker	1	2	3	4	5

Character (1=Always; 2=Usually; 3=Sometimes; 4=Rarely; 5=Never)

Procrastinates	1	2	3	4	5
Criticizes Others	1	2	3	4	5
Irritable	1	2	3	4	5
Inclined to Crushes	1	2	3	4	5
Depressed	1	2	3	4	5
Argumentative	1	2	3	4	5
Domineering	1	2	3	4	5
Rebellious	1	2	3	4	5
Challenges Authority	1	2	3	4	5

Applicant's Name _____

Person Completing Recommendation _____

Please answer the following questions about the applicant to the best of your knowledge.

- Yes No 1. Is the applicant active in his/her church?
- Yes No 2. To your knowledge, has the applicant had a salvation experience?
- Yes No 3. 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 4. Are you aware of any mental or emotional illness in the applicant?
- Yes No 5. Would you in any way consider the applicant to be unstable?
- Yes No 6. To your knowledge, has the applicant ever used tobacco, alcohol, or illegal drugs?
- Yes No 7. If yes, have they used tobacco, alcohol, or illegal drugs in the past year?
- Yes No 8. Have you ever had any reason to question the applicant's morality?
- Yes No 9. Do you have any reason to lack confidence in the applicant?
- Yes No 10. Does the applicant have any physical impairments?

If you answered yes to any question from 3-10 and are willing to do so, please explain or comment.

Based on the all of the information included in this Recommendation, the applicant is:

- Strongly Recommended Recommended Recommended with Reservation Not Recommended

If the applicant was "Recommended with Reservation" or "Not Recommended," please explain below.

Signature _____

Date _____

Title or Position _____