

**APPLICANT – please fill in all information in this box before giving it to your pastor.**

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*Applicant's Name*

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*Phone #*

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Applicant's Mailing Address

Pastor's Name

Church Name

Church Phone

Church Address

City

Province

Postal Code

Serious consideration will be given to your evaluation of the applicant's character and fitness for this mission training and short term mission. We need to know as much as possible about this applicant to make a fair appraisal of their qualifications and to match all applicants with the best possible ministry opportunity for them. Your response will be held in strict confidence.

If you have any questions, please call Into All The World at 519-763-6147. We appreciate your prompt completion. Please forward this form to:

Into All The World  
336 Speedvale Ave W Unit K Guelph ON N1H 7M7  
(E-mail - [bill@iatw.ca](mailto:bill@iatw.ca))

**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 ABILITIES**

O = often S = sometimes R = rarely N = never

Procrastinates \_\_\_\_\_ Critical \_\_\_\_\_ Irritable \_\_\_\_\_ Inclined to romantic crushes \_\_\_\_\_

Depressed \_\_\_\_\_ Argumentative \_\_\_\_\_ Domineering \_\_\_\_\_ Rebellious \_\_\_\_\_

How long have you known the applicant ? \_\_\_\_\_

How well do you know him/her? By name \_\_\_\_\_ Casually \_\_\_\_\_ Fairly well \_\_\_\_\_ Very well \_\_\_\_\_

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 outreach been influenced by a desire to escape a difficult situation such as family problems, financial struggles, or 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 applicants morals? Yes \_\_\_\_\_ No \_\_\_\_\_

Do you have any reason to lack confidence in the applicant? Yes \_\_\_\_\_ No \_\_\_\_\_

