

*Serving Christ and His people by specializing in mission promotion, recruitment, field training, service, and travel*

**IDEA Ministries Offices:**

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Name of Applicant \_\_\_\_\_  
(Name as it appears in passport)

Mailing Address \_\_\_\_\_

\_\_\_\_\_ Email \_\_\_\_\_

Phone: (day) \_\_\_\_\_ (evening) \_\_\_\_\_

OFFICE USE: Date Received \_\_\_\_\_ Date Accepted \_\_\_\_\_

**FORM 2**  
**RECOMMENDATION for IDEA Ministries Program Applicant**

PROGRAM NAME: \_\_\_\_\_ PROGRAM DATES: \_\_\_\_\_

APPLICATION DEADLINE: \_\_\_\_\_ FULL PAYMENT DEADLINE: \_\_\_\_\_

(See [www.ideaministries.org](http://www.ideaministries.org) to complete these items)

*Dear Pastor/Youth Pastor/Elder/Guidance Counselor/Teacher/Recommender:*

*The applicant is applying for the field training, service, or travel program listed above. Will you evaluate this applicant? Your advice is very important, and directly affects our consideration. In response to questions, please respond fully enough to give us your evaluation. Thank you!*

- 1. Acquaintance:** how long have you known the applicant and in what capacity?
  
  
  
  
  
  
  
  
  
  
- 2. Christian Confession:** how does the applicant demonstrate a living relationship to Christ in confession and conduct?
  
  
  
  
  
  
  
  
  
  
- 3. Christian Service:** how has the applicant participated in the life and ministry of the congregation to date?
  
  
  
  
  
  
  
  
  
  
- 4. Missions:** what is the applicant's expressed *interest in* and *potential for* ministry or mission service?

5. **Gifts:** What are some of the applicant's gifts, strengths, and talents?

6. **Weaknesses:** In which areas does the applicant need the most growth?

7. **Health:** Any physical or psychological problems of the applicant known to you? If yes, what treatment has he or she received for them?

8. **Relationships:** how does the applicant relate to and affect persons when living or working with them?

9. **Accomplishments:** how diligently, cheerfully, and well does the applicant complete academic or work assignments?

10. **Evaluation:** Do you recommend the applicant as a ministry/missions trainee? Why or why not? Please explain.

Your Name \_\_\_\_\_ Church Name \_\_\_\_\_

Church Mailing Address \_\_\_\_\_

Day Telephone (\_\_\_\_) \_\_\_\_\_ Evening Telephone (\_\_\_\_) \_\_\_\_\_

Email \_\_\_\_\_ Signature \_\_\_\_\_

**Work Smart:** Email and fax communications are preferred, if you have access to them.

**VERIFICATION PROCEDURE:** If this form is returned electronically, it is required that we verify the identity of the person completing this form. Please anticipate a telephone call from IDEA Ministries.

**Note:** *Immediately* complete this Form and **return it directly to IDEA Ministries.** All forms are due by the application deadline.

*Learn more about the program in which the applicant is interested,  
and check out other Ministry Options by visiting us at [www.ideaministries.org](http://www.ideaministries.org)*