



futureVision Ministries

Confidential Recommendation

Business Person

Participant: Please fill out all the information in this box, before delivering to a business-person.

Name of participant: _____ Phone Number: (_____) _____
 Mission Country: _____ Trip Date: _____

Business-person: Please complete this recommendation, and send to:

futureVision Ministries
 PO Box 474
 Sand Springs OK 74063 USA

Name: _____ Title: _____

Home Phone: _____ Work Phone: _____

Business Name: _____

Address: _____

City: _____ State: _____ Zip: _____

E-Mail Address: _____

We appreciate the time that you are taking to complete this confidential recommendation. The information that we receive will assist us to evaluate the participant's character and their heart for service. All information contained on this form will be held in strict confidence.

How long have you known the participant? _____

How well do you know him/her? Casually Fairly Well Very Well

To your knowledge, has the participant used tobacco, alcohol or illegal drugs? Yes No

Within the past year? Yes No

Do you have reason to question the participant's morals? Yes No

Do you have any reason to lack confidence in the participant? Yes No

PLEASE CHECK THE FOLLOWING ABILITIES AND CHARACTER TRAITS THAT BEST DESCRIBE THE PARTICIPANT

SKILLS	EXCELLENT	ABOVE AVERAGE			CHARACTER	OFTEN	SOMETIMES	RARELY	NEVER
		AVERAGE	POOR	POOR					
Flexibility	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Critical	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Servant's Heart	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Inclined To Crushes	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Spiritual Influence On Others	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Irritable	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Maturity	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Procrastinates	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Dependability	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Depressed	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Response To Authority	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Rebellious	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Spiritual Life	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Domineering	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Leadership Ability	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Argumenative	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Based on the information above, the participant is:

Recommended without reservation Recommended Recommended with reservation Not Recommended

If you checked "with reservation" or "not recommended" please explain on the back of this sheet.

Signature _____ Date _____