

# PIKES PEAK CHRISTIAN CHURCH

## Short-term Missions Reference Form



\* Confidential \*

TO THE APPLICANT: Please complete the information in this box and provide a stamped envelope addressed to the church for the person filling out this form.

Name of Applicant : \_\_\_\_\_  
Last/Family
First
Middle Name

Address: \_\_\_\_\_  
(Street)
(City)
(State/Province)
(Zip)

Missions Trip apply for: \_\_\_\_\_  
(Destination)
(Trip Dates)

**I, the above named applicant, WAIVE any right to have or obtain copies of this recommendation knowing that this waiver is NOT required as a condition for acceptance.**

**Applicant's Signature** \_\_\_\_\_ **Date** \_\_\_\_\_

This form is being complete by: \_\_\_\_\_ Date \_\_\_\_\_ Phone# \_\_\_\_\_

The above applicant has applied to be part of a short-term mission trip sponsored by Pikes Peak Christian Church. Serious consideration will be given to your comments, therefore, we ask that you complete this form carefully. Your prompt attention in completing this form (within 7 days) is important. Thank you for your assistance.

Please rate the applicant in each of the following areas:

	Excellent	Above Average	Average	Below Average	Poor	Not Observed
Communication Skills						
Public Speaking						
Ability to develop relationships						
Leadership ability						
Drive/Initiative						
Servant's attitude						
Flexibility						
Teaching Ability						
Consistent spiritual walk						
Submission to authority						
Stress management						
Self-discipline						
Self-image						

Physical Conditioning						
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Please answer briefly the questions found on the back of this application as well.

1. How long and in what capacity have you known the applicant? \_\_\_\_\_

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2. What do you think this person can contribute to this short-term missions trip? \_\_\_\_\_

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3. To your knowledge, in what capacity is the applicant currently serving at PPCC and how effective has their service been?

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4. What do you consider the applicant's strengths? \_\_\_\_\_

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5. What do you consider the applicant's weaknesses? \_\_\_\_\_

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6. Please list any other relevant concerns (i.e., medical, psychological, drugs, alcohol, or other areas of concern in their life we should be aware of).

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7. Would you recommend the applicant for acceptance on this short-term missions trip?  
? Yes ? With some reservation (please explain) ? No (please explain):

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Thank you for taking the time to complete this form! Please place the form into the stamped envelope provided by the applicant and mail it to the Missions Team at:

Pikes Peak Christian Church  
Attn.: Missions Team  
4955 Bradley Road  
Colorado Springs, CO 80911

