

2010 MISSIONARY RECOMMENDATION FORM

This form must be filled out **completely**. Mail to Secretary-Treasurer of Missions, The American Baptist Association, P. O. Box 1050, Texarkana, Texas 75504-1050, to reach his office no later than sixty (60) days (**April 19, 2010**) prior to the next meeting of the messengers in Charleston, West Virginia.

THIS RECOMMENDATION IS: New Recommendation [] Re-Recommendation []

RECOMMENDING AS: Interstate Missionary [] Foreign Missionary []
National Missionary [] Missionary Helper []

RECOMMENDING FOR: Salary [] Designated Funds []

If for salary, indicate present salary: \$ _____

New salary request: full [], other [], specify amount \$ _____

MISSIONARY

NAME _____ HOME PHONE _____

STREET _____ CELL PHONE _____

MAILING ADDRESS (If different than street address) _____

CITY _____ STATE _____ ZIP _____ COUNTRY _____

E-MAIL ADDRESS _____

AGE _____ SINGLE _____ MARRIED _____ WIDOWED _____ DIVORCED* _____

*(If married more than once or divorced please attach explanation to this form.)

Wife's Name _____

Children Living at Home (Name, Sex & Age) _____

YEAR SAVED 19____ YEAR BAPTIZED 19____ YEAR ORDAINED 19____

Baptizing Church _____ City and State _____

Affiliated with _____

Ordaining Church _____ City and State _____

Affiliated with _____

U. S. CITIZEN _____ If no, citizenship is in: _____

SCHOOLING (re:ministry) _____

YEARS OF EXPERIENCE: As pastor and/or missionary _____; NUMBER OF YEARS AS AN
ABA RECOMMENDED MISSIONARY _____; NUMBER OF YEARS ON PRESENT
MISSION FIELD _____; ARE YOU A MEMBER OF YOUR RECOMMENDING CHURCH? _____

Are you in full agreement with the doctrinal statement of the American Baptist Association (pages 236-
238, 2009 yearbook)? _____

MISSION FIELD

PROPOSED AREA OF MISSION WORK [city, state, country]: _____

GIVE A BRIEF DESCRIPTION OF THIS MISSION WORK: _____

Is this an organized church? _____

MONTHLY SUPPORT OF MISSIONARY BY MISSION: SALARY \$ _____

HOUSING \$ _____; PROPERTY \$ _____; OTHER \$ _____

IF THIS IS A RE-RECOMMENDATION OR WORK ALREADY IN PROGRESS PLEASE COMPLETE THE STATISTICAL REPORT BELOW FOR THE PREVIOUS YEAR:

Professions of Faith _____ Additions: (B) _____, (L) _____, (O) _____

Averages: Sunday School _____ AM Worship _____ BTC _____ PM Worship _____

Mid-week Service _____ Mission Membership _____

SPONSORING CHURCH

NAME _____ PHONE _____

STREET _____ CELL PHONE _____

MAILING ADDRESS (If different than street address) _____

CITY _____ STATE _____ ZIP _____

E-MAIL ADDRESS _____

Is this church in harmony with the doctrinal statement of the American Baptist Association (pages 236-238, 2009 yearbook)? _____

Indicate areas and approximate amount of **monthly** support this church will be contributing to missionary and mission:

Salary \$ _____ Housing \$ _____ Property \$ _____ Other \$ _____

ADDITIONAL COMMENTS: _____

This recommendation was approved by the sponsoring church on _____ day of _____, 2010.

Mission Office

Date Received:

By: _____

Returned for Additional Information:

Received Back in Office:

PHOTO
OF
MISSIONARY

PLEASE DO
NOT ATTACH
PHOTO WITH
GLUE.

Moderator (PRINT NAME)

Church Clerk (PRINT NAME)