

2017 MISSIONARY RECOMMENDATION FORM

THIS RECOMMENDATION:

- New Recommendation
 Re-Recommendation

RECOMMENDING AS:

- Interstate Missionary
 Foreign Missionary
 National Missionary
 Missionary Helper
 Mission Ministries

RECOMMENDING FOR:

- SALARY
 DESIGNATED FUNDS

Salary Requested: Full or Other \$ _____

Is this a **Change in Salary**? Yes No

MISSIONARY INFORMATION			
FULL NAME			AGE
ADDRESS			PHONE
CITY	STATE	COUNTRY	POSTAL CODE
E-MAIL ADDRESS			CITIZENSHIP (COUNTRY)
MARITAL STATUS		WIFE'S NAME	
<input type="checkbox"/> Single <input type="checkbox"/> Married If married more than once or divorced, please attach an explanation to the form. <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced		CHILDREN LIVING AT HOME (NAME, AGE, GENDER) (<i>OPTIONAL</i>)	
Are you a member of your recommending church? _____ Are you in full agreement with the Doctrinal Statements of the American Baptist Association (pages 136-138) of the 2016 Yearbook? _____			

BACKGROUND INFORMATION		
YEAR SAVED _____	BAPTIZING CHURCH	AFFILIATION
YEAR BAPTIZED _____	CITY, STATE	
YEAR ORDAINED _____	ORDAINING CHURCH	AFFILIATION
MINISTRY EDUCATION/TRAINING: _____		
YEARS OF EXPERIENCE AS A PASTOR OR MISSIONARY _____ YEARS	YEARS AS AN ABA RECOMMENDED MISSIONARY _____ YEARS	YEARS ON PRESENT MISSION FIELD _____ YEARS

This form must be received by **April 20, 2017**, 60 days prior to the Messenger Meeting in Daytona Beach, FL. Please fill out the form **completely** and mail to:

Secretary-Treasurer of Missions
American Baptist Association
PO Box 1050
Texarkana, TX 75504-1050

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MISSION FIELD

PROPOSED AREA OF MISSION WORK (city, state, province, country): _____

NAME OF MISSION OR CHURCH _____

BRIEF DESCRIPTION OF THE MISSION WORK:

IS THIS AN ORGANIZED CHURCH? _____ TARGET DATE FOR ORGANIZATION/SELF-SUPPORTING? _____

MONTHLY SUPPORT OF MISSIONARY BY MISSION:

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

ANNUAL STATISTICAL REPORT FOR EXISTING WORKS 2016-2017

Professions of Faith _____

Baptisms _____

Other Additions _____

Mission Membership _____

Attendance Averages

Morning Worship _____

Sunday School _____

Evening Worship _____

BTC _____

Mid Week Services _____

SPONSORING CHURCH

NAME		PASTOR OR CLERK
MAILING ADDRESS		PHONE
CITY	STATE	POSTAL CODE
E-MAIL ADDRESS		

Indicate areas and approximate amount of monthly support this church will be contributing to missionary and mission:
 SALARY \$ _____ HOUSING \$ _____ PROPERTY \$ _____ OTHER \$ _____

Is this church in full agreement with the Doctrinal Statement of the American Baptist Association (pages 136-138) of the 2016 Yearbook? _____

This recommendation was approved by the sponsoring church on _____ day of _____, 2017.

Moderator _____ Church Clerk _____

FOR EACH CO-SPONSORING CHURCH, PLEASE COMPLETE ONLY THE SPONSORING CHURCH SECTION ABOVE AND ATTACH TO THIS FORM.

If you have a current photo to update the Missionary Poster, please send the photo via email to missions@abamissions.org in a JPEG format. Please include the name of the missionary in the e-mail.

Any questions, please call or email the missions office.
 Phone: 903-792-2312 Email: missions@abamissions.org

Missions Office

Date Received: _____

By: _____

Returned for Additional Information: _____

Received Back in Office: _____