

# 2018 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> )	
<b>Are you a member of your recommending church?</b> _____ <b>Are you in full agreement with the Doctrinal Statements of the American Baptist Association</b> (pages 159-161) <b>of the 2017 Yearbook?</b> _____			

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 <b>ABA</b> RECOMMENDED MISSIONARY _____ YEARS	YEARS ON <b>PRESENT</b> MISSION FIELD _____ YEARS

This form must be received by **April 20, 2018**, 60 days prior to the Messenger Meeting in Lexington, KY. Please fill out the form **completely** and mail to: **Secretary-Treasurer of Missions**  
**American Baptist Association**  
**PO Box 1050**  
**Texarkana, TX 75504-1050**

## 2018 MISSIONARY RECOMMENDATION FORM

### 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 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 159-161) of the 2017 Yearbook? \_\_\_\_\_

This recommendation was approved by the sponsoring church on \_\_\_\_\_ day of \_\_\_\_\_, 2018.

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](mailto:missions@abamissions.org) in a JPEG format. Please include the name of the missionary in the e-mail.

DO NOT ATTACH TO FORM

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

#### Missions Office

Date Received: \_\_\_\_\_

By: \_\_\_\_\_

Returned for Additional Information: \_\_\_\_\_

Received Back in Office: \_\_\_\_\_