



**Baptist Missions to Forgotten Peoples**  
Post Office Box 37043  
Jacksonville, Florida 32236-7043  
www.BMFP.org

## Pastor's Evaluation

**Re:** \_\_\_\_\_  
Applicant's Name

**Field:** \_\_\_\_\_

**Applicant:** Please enter your name and field of service. Give this reference form to your present pastor.

### Dear Pastor:

Believing it to be a Scriptural principle and New Testament church practice, Baptist Missions to Forgotten Peoples, Inc., requires local church approval and authorization before any missionary candidate can receive the approval of this organization. For this reason, we earnestly and respectfully request your prayerful consideration and completion of this candidate evaluation. Please return the form directly to our headquarters; Attn: Office of Pre-Field Ministries.

Yours for World Missions;

Office of Pre-Field Ministries  
Baptist Missions to Forgotten Peoples

### PERSONAL INFORMATION:

1. How long has the applicant been a member of the church? \_\_\_\_\_
2. What evidence does the applicant give of a call to missionary service?  
\_\_\_\_\_  
\_\_\_\_\_
3. Is the applicant's record as a church member satisfactory?  
\_\_\_\_\_
4. Does the applicant have an acceptable record as a Christian worker?  
\_\_\_\_\_
5. Is the applicant consistent in performing personal work and witnessing to the lost?  
\_\_\_\_\_
6. Does the applicant possess, in your opinion, the necessary qualifications for mission work in the field indicated?  
\_\_\_\_\_
7. In your opinion, is the applicant's training for missionary service satisfactory?  
\_\_\_\_\_
8. Are there any family conditions that might hinder the applicant's effectiveness as a missionary?  
\_\_\_\_\_
9. Does the applicant willingly submit himself to constituted authority?  
\_\_\_\_\_
10. Please state your knowledge concerning the applicant's health and endurance:  
\_\_\_\_\_

**Personal Information** (Continued)

11. Have you, or will you, by official action of the church, authorize and commission this applicant for missionary service? Yes No (If No, please explain)

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12. Will you be able to assist in the applicant's financial support? Yes No  
If Yes, to what extent: Complete support Passage Monthly support (If No, please explain)

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13. Please evaluate the applicant in the following areas:

Circle or select from dropdown menu E = Excellent; G = Good; F = Fair; P = Poor

**PERSONALITY**

Friendly	E G F P	Well-Mannered	E G F P	Optimistic	E G F P
Dependable	E G F P	Mature	E G F P	Aggressive	E G F P
Poise	E G F P	Judgment	E G F P	Sense of Humor	E G F P

**APPEARANCE**

Physique	E G F P	Dress	E G F P	Department	E G F P
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**SOCIAL HABITS**

Cooperative	E G F P	Tolerant	E G F P	Tactful	E G F P
Influence	E G F P	Ethics	E G F P	Attitude	E G F P

**MENTAL APTITUDE**

Knowledge	E G F P	Wisdom	E G F P	Performance	E G F P
Balance	E G F P	Persistence	E G F P	Speed	E G F P

**WORK HABITS**

Efficient	E G F P	Economical	E G F P	Capacity	E G F P
Energetic	E G F P	Cheerful	E G F P	Integrity	E G F P

15. Please make any additional observations, which you believe would be helpful in evaluating this candidate:

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## CERTIFICATION

\_\_\_\_\_  
Name of Church

\_\_\_\_\_  
Address

\_\_\_\_\_  
City State Zip Phone

This is to certify that \_\_\_\_\_ is a member in good and regular standing of this local church. We hereby recognize the call of the Lord in (his) (her) life and give authorization for missionary service. Upon receiving final approval of the candidate by Baptist Missions to Forgotten Peoples, we will proceed to commission him / her to the missionary ministry of this local church.

By order of the church this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_\_.

\_\_\_\_\_  
Pastor's Signature

\_\_\_\_\_  
Other Church Official

\_\_\_\_\_  
Title