

**Recommendation for Part-Time Church-Service Missionary**

The prospective missionary completes this form after clarifying the need for and duties of the assignment with the supervisor of the department where he or she would like to serve. Please clearly print the information requested, obtain the required signatures, and mail or fax the completed form to the appropriate Church-service missionary coordinators. Phone 1-801-240-4914 with any questions.

**Personal Information**

Name (last, first, middle)	Referred by
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Home address (street and number, city, state or province, postal code)

Birth date (month/day/year)	Sex <input type="checkbox"/> Male <input type="checkbox"/> Female	Marital status <input type="checkbox"/> Married <input type="checkbox"/> Single	Age(s) of dependent(s) living at home
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Home phone (with area code)	Work phone (with area code)	Cellular phone (with area code)	E-mail
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Explain any work, travel, or family conditions that might affect your commitment to part-time missionary service

Name of person to notify in case of emergency	Relationship	Home phone (with area code)
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**Assignment Requested** The information for this section should be obtained from the department supervisor.

Name of department supervisor contacted	Name of organization
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Position number	Job title
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Start date	Length of service <input type="checkbox"/> 6 months <input type="checkbox"/> 12 months <input type="checkbox"/> 18 months <input type="checkbox"/> 24 months <input type="checkbox"/> 30 months Other: _____
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**Availability** Minimum of eight hours per week.

Hours	Sunday	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday
8:00 a.m.–12:00 noon							
12:00 noon–4:00 p.m.							
4:00 p.m.–8:00 p.m.							
Other hours							

**Education and Skills**

Education <input type="checkbox"/> High school <input type="checkbox"/> College	Field of study	Degree(s) received	Foreign language(s)	Speak	Read	Write						
				Good	Fair	Poor	Good	Fair	Poor	Good	Fair	Poor
Typing skills <input type="checkbox"/> Yes <input type="checkbox"/> No WPM: _____												
Computer experience <input type="checkbox"/> Yes <input type="checkbox"/> No Type of experience: _____												
Willing to learn computer skills <input type="checkbox"/> Yes <input type="checkbox"/> No			Areas of interest, professional skills, abilities, hobbies									

**Employment History** List employers and positions held.


**Church Information**

Ward or branch	Bishop or branch president
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Stake or mission	Stake or mission president
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Church positions held

Present Church calling(s)	Membership record number
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Returned missionary <input type="checkbox"/> Yes <input type="checkbox"/> No	Dates of mission From _____ to _____	Name of mission
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**Health Information**

General health <input type="checkbox"/> Good <input type="checkbox"/> Fair <input type="checkbox"/> Poor	Eyesight <input type="checkbox"/> Good <input type="checkbox"/> Fair <input type="checkbox"/> Poor	Currently covered by medical insurance <input type="checkbox"/> Yes <input type="checkbox"/> No
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Do you now have or have you ever had any of the following:

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|--|--|---|--|
| 1. Back injury or back problems                  | <input type="checkbox"/> Yes <input type="checkbox"/> No | 7. Currently taking medication of any type  | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| 2. Heart disease or heart trouble                | <input type="checkbox"/> Yes <input type="checkbox"/> No | 8. Visited a doctor in the last five years  | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| 3. Epileptic seizures, convulsions, or paralysis | <input type="checkbox"/> Yes <input type="checkbox"/> No | 9. Physical or medical impairments or disabilities that should be considered in reviewing your qualifications for an assignment with the Church | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| 4. Dizziness or fainting spells                  | <input type="checkbox"/> Yes <input type="checkbox"/> No |   |  |
| 5. Hernia  | <input type="checkbox"/> Yes <input type="checkbox"/> No |   |  |
| 6. Deformity, amputation, or physical disability | <input type="checkbox"/> Yes <input type="checkbox"/> No |   |  |

If the answer is "Yes" to any of the above, give the details of each in the "Comments" section below (use an additional sheet of paper if necessary)

Comments

**Agreements and Signature of Prospective Church-Service Missionary**

I understand that, if called, I will not be a Church employee. Therefore, I will not be covered by workers' compensation insurance. I must provide my own medical insurance for any type of illness or injury, including those that may occur during my service. I authorize the Church-Service Missionary Office to share the above medical information with the management of the department where I will serve.

Signature	Date
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**Bishop or Branch President's Recommendation and Signature** By signing this form, you are certifying that the candidate is worthy to hold a temple recommend and is capable and qualified to serve as a Church-service missionary.

Comments

Signature of bishop or branch president	Ward or branch unit number	Date
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Home address (street and number, city, state or province, postal code)

Home phone (with area code)	Work phone (with area code)	Cellular phone (with area code)	E-mail
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**Stake or Mission President's Recommendation and Signature** By signing this form, you are certifying that the candidate is worthy to hold a temple recommend and is capable and qualified to serve as a Church-service missionary.

Comments

Signature of stake or mission president	Stake or mission unit number	Date
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Home address (street and number, city, state or province, postal code)

Home phone (with area code)	Work phone (with area code)	Cellular phone (with area code)	E-mail
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