

Recommendation for Part-Time Church-Service Missionary

CHURCH-SERVICE MISSIONARY OFFICE
50 E NORTH TEMPLE ST RM 152W
SALT LAKE CITY UT 84150-4060

Phone: 1-801-240-4914
Fax: 1-801-240-1726

This form is for those who will serve part-time in a Church department while living at home. Please read this form carefully, and clearly print or type the information requested. Mail or fax the completed form to the organization listed at the left, or call if you have 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
Home phone with area code	Work phone with area code	Cellular phone with area code	E-mail

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 For example, Bishops' Storehouse, Facilities Management, Distribution Services, and so on.

Assignment requested	Name of department supervisor contacted
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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.

Availability

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							

Commitment period
 6 months 12 months 18 months 24 months 30 months 36 months (for specific positions only) Date available: _____

Church Information

Ward or branch	Bishop or branch president
Stake or mission	Stake or mission president
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:

Back injury or back problems	<input type="checkbox"/> Yes <input type="checkbox"/> No	Currently taking medication of any type	<input type="checkbox"/> Yes <input type="checkbox"/> No
Heart disease or heart trouble	<input type="checkbox"/> Yes <input type="checkbox"/> No	Visited a doctor in the last five years	<input type="checkbox"/> Yes <input type="checkbox"/> No
Epileptic seizure, convulsions, or paralysis	<input type="checkbox"/> Yes <input type="checkbox"/> No	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
Dizziness or fainting spells	<input type="checkbox"/> Yes <input type="checkbox"/> No		
Hernia	<input type="checkbox"/> Yes <input type="checkbox"/> No		
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 am not 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.

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.

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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