

2023 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	ZIP/POSTAL CODE
E-MAIL ADDRESS			CITIZENSHIP (COUNTRY)

MARITAL STATUS <input type="checkbox"/> Single <input type="checkbox"/> Married <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced	If married more than once or divorced, please attach an explanation to the form. WIFE'S NAME _____ CHILDREN LIVING AT HOME (NAME, AGE, GENDER) (OPTIONAL) _____
--	--

Are you a member of your recommending church? _____

Are you in full agreement with the Doctrinal Statements of the American Baptist Association (pages 152-154) of the 2022 Yearbook? _____

Has a background check been completed on this missionary? _____

BACKGROUND INFORMATION

YEAR SAVED _____	BAPTIZING CHURCH	
YEAR BAPTIZED _____	CITY, STATE	AFFILIATION
YEAR ORDAINED _____	ORDAINING CHURCH	
	CITY, STATE	AFFILIATION

MINISTRY EDUCATION/TRAINING:

YEARS OF EXPERIENCE AS A PASTOR OR MISSIONARY _____	YEARS AS AN ABA RECOMMENDED MISSIONARY _____	YEARS ON PRESENT MISSION FIELD _____
---	---	---

This form must be received by **4/21/2023**, 60 days prior to the Messenger Meeting in Spokane, WA. Please fill out the form completely and mail to:

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

2023 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 2022

Professions of Faith _____

Attendance Averages

Baptisms _____

Morning Worship _____

Sunday School _____

Other Additions _____

Evening Worship _____

Mid Week Services _____

Mission Membership _____

SENDING 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 152-154) of the 2022 Yearbook? _____

This recommendation was approved by the sending church on _____ day of _____, 2023.

Moderator _____ Church Clerk _____

**FOR EACH CO-SPONSORING CHURCH, PLEASE
COMPLETE THE CO-SENDING CHURCH 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.

DO NOT ATTACH TO FORM

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: _____

2023 MISSIONARY RECOMMENDATION FORM

CO-SENDING CHURCH FORM

THIS RECOMMENDATION:

- ☐ New Recommendation
☐ Re-Recommendation

RECOMMENDING AS:

- ☐ Interstate Missionary
☐ Foreign Missionary
☐ National Missionary
☐ Missionary Helper
☐ Mission Ministries

RECOMMENDING FOR:

- ☐ Salary
☐ Designated Funds

MISSIONARY INFORMATION

FULL NAME			AGE
ADDRESS			PHONE
CITY	STATE	COUNTRY	ZIP/POSTAL CODE
E-MAIL ADDRESS			CITIZENSHIP (COUNTRY)

CO-SENDING 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 152-154) of the 2022 Yearbook? _____

This recommendation was approved by the sending church on _____ day of _____, 2023.

Moderator _____ Church Clerk _____

This form must be received by **4/21/2023**, 60 days prior to the Messenger Meeting in Spokane, WA. Please fill out the form completely and mail to:

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

Missions Office

Date Received:

By:

Returned for
 Additional Information:

Received Back in Office: