

2024 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)

<p>MARITAL STATUS</p> <p><input type="checkbox"/> Single If married more than once or divorced, please attach an explanation to the form. <input type="checkbox"/> Married <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced</p>	<p>WIFE'S NAME _____</p> <p>CHILDREN LIVING AT HOME (NAME, AGE, GENDER) (<i>OPTIONAL</i>) _____</p>
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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 _____
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This form must be received by **4/18/2024**, 60 days prior to the Messenger Meeting in Springfield, IL.
 Please fill out the form completely and submit or mail to:

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

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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 2023

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	ZIP/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 _____, 2024.

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:
