

**Recommendation for Church-Service Missionary**

**Instructions:** After clarifying the need for and duties of the assignment with the supervisor of the department or organization where he or she would like to serve, the prospective missionary completes this form up to and including his or her signature on page 2 and submits it to the bishop. The bishop completes his section and submits the form to the stake president, who completes his section and mails or faxes the form to the Church-service missionary coordinators. Call 1-801-240-4914 if you have any questions.

**Important:** Please enter or clearly print **all** information.

**Personal Information**

Name (first, middle, last)		Membership record number	
Home address (street and number, city, state or province, postal code)		LDS Account user name	
Birth date (month/day/year)	Sex <input type="checkbox"/> Male <input type="checkbox"/> Female	Marital status <input type="checkbox"/> Married <input type="checkbox"/> Single	Ages of dependents living at home
Home phone (with area code)	Cell phone (with area code)	E-mail address	
Name of person to notify in case of emergency		Relationship	Home phone (with area code)
Have ever been arrested* <input type="checkbox"/> Yes <input type="checkbox"/> No		Have ever been convicted of a crime* <input type="checkbox"/> Yes <input type="checkbox"/> No	

\*If "Yes," explain, including date of arrest, charge, and resolution

**Mission Assignment Requested**

Missionary's job title			
Name of department or organization		Name of supervisor	
Start date	Average hours to be worked each week	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"/> Other: _____	
Explain any work, travel, or family conditions that might affect your commitment to missionary service			

**Education and Skills**

Education <input type="checkbox"/> High school <input type="checkbox"/> College	Field of study	Degree(s) received	
Typing or keyboarding skills <input type="checkbox"/> Yes <input type="checkbox"/> No WPM: _____	Computer experience (word processing, spreadsheet, presentation software, and so on)	Willing to learn computer skills <input type="checkbox"/> Yes <input type="checkbox"/> No	
Areas of interest, professional skills, abilities, hobbies			Native language
Other language	Speak	Read	Write
	<input type="checkbox"/> Good <input type="checkbox"/> Fair	<input type="checkbox"/> Good <input type="checkbox"/> Fair	<input type="checkbox"/> Good <input type="checkbox"/> Fair
	<input type="checkbox"/> Good <input type="checkbox"/> Fair	<input type="checkbox"/> Good <input type="checkbox"/> Fair	<input type="checkbox"/> Good <input type="checkbox"/> Fair

**Employment History** List employers and positions held (attach additional pages if necessary). If ever employed by the Church, include employee ID number.

**Church Information**

Church positions held		
Present Church calling(s)		
Returned missionary <input type="checkbox"/> Yes <input type="checkbox"/> No	Dates of mission From _____ to _____	Name of mission
Other missions served		

## Recommendation for Church-Service Missionary—continued

Name (first, middle, last)

### 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 (if yes, list company name and policy number) <input type="checkbox"/> Yes <input type="checkbox"/> No
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|---|--|--|
| 1. Do you have or have you ever had any of the following:   | 2. Are you currently taking medication of any type?    | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| a. Back injury or back problems <input type="checkbox"/> Yes <input type="checkbox"/> No                  | 3. Have you visited a doctor in the last five years?   | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| b. Heart disease or heart trouble <input type="checkbox"/> Yes <input type="checkbox"/> No                | 4. Do you have or have you ever had any other physical | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| c. Epileptic seizures, convulsions, or paralysis <input type="checkbox"/> Yes <input type="checkbox"/> No | or medical impairments or disabilities, including      |  |
| d. Dizziness or fainting spells <input type="checkbox"/> Yes <input type="checkbox"/> No                  | mental or emotional disorders, that should be          |  |
| e. Hernia <input type="checkbox"/> Yes <input type="checkbox"/> No  | considered in reviewing your qualifications for an     |  |
| f. Deformity, amputation, or physical disability <input type="checkbox"/> Yes <input type="checkbox"/> No | assignment with the Church?                            |  |

If the answer is "Yes" to any of the above, give the details of each (attach additional pages if necessary):

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

I understand that, if called, I will not be a Church employee and that I will not be eligible for and will not receive monetary compensation or other employment benefits in connection with my service. I also understand that the Church does not provide Church-service missionaries with medical insurance coverage or transportation to and from assignments. I understand that I am entirely responsible for my own medical expenses, including dental and vision expenses and prescription drugs.

I hereby authorize the Church-Service Missionary Office to share the above medical information with the management of the department where I will serve if called.

Signature of missionary (required)	Date
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I understand that my bishop or branch president and my stake or mission president will provide evaluations of my qualifications to serve as a Church-service missionary. I understand that these evaluations are strictly confidential, and I hereby waive any right of access to these evaluations.

I also authorize The Church of Jesus Christ of Latter-day Saints and its affiliated entities to collect, process, and transfer to other countries my personal information as may be required for Church purposes and in accordance with the Church's records management and confidentiality policies.

**Bishop's 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

Printed name of bishop or branch president (required)	Ward or branch name	Unit number
Signature of bishop or branch president (required)	Date	Candidate's membership record is annotated <input type="checkbox"/> No <input type="checkbox"/> Yes

Home address (street and number, city, state or province, postal code)

Home phone (with area code)	Work phone (with area code)	Cell phone (with area code)	E-mail address
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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

Printed name of stake or mission president (required)	Stake or mission name	Unit number
Signature of stake or mission president (required)	Date	Candidate's membership record is annotated <input type="checkbox"/> No <input type="checkbox"/> Yes

Home address (street and number, city, state or province, postal code)

Home phone (with area code)	Work phone (with area code)	Cell phone (with area code)	E-mail address
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