



**G.T.M.I.**  
**Global Truth Ministries, Inc**  
 Rev. Benny A. Torbert

# Christian Character Reference

GTMI.Jamaica@yahoo.com  
 409-782-5310/5313

Date: \_\_\_/\_\_\_/20\_\_

## FOR YOU, THE APPLICANT:

Please fill out your information below and pass this form on to your Pastor, Youth Director or someone who is familiar with your testimony and spiritual development. This person should have known you for at least one year and must not be a relative.

First Name \_\_\_\_\_ Middle Name \_\_\_\_\_ Last Name \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ ZIP \_\_\_\_\_ Country \_\_\_\_\_ Phone ( \_\_\_\_ ) \_\_\_\_\_

I  waive  do not waive my right to review this recommendation.

Signature \_\_\_\_\_ Date \_\_\_\_\_

## TO THE PERSON RECOMMENDING:

The person listed above has asked you to submit a reference in order that he/she might be able to take a missions trip with GTMI. Please return this evaluation of the applicant's spiritual character to the address provided. It may also be faxed. Your input is extremely valuable and we appreciate your assistance. Thank you.

1. How long have you known the applicant? \_\_\_\_\_

2. How well do you know the applicant?  close personal relationship  fairly well  casually  by name only

3. To the best of your knowledge, has the applicant made a personal commitment to Jesus Christ?  yes  no  I don't know

4a. If your answer to #3 is "yes," to the best of your knowledge is the applicant striving to live a Christian life?  yes  no

4b. If your answer to #3 or #4 is "no" or "I don't know," please comment. \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

5. What spiritual gifts are evident in the applicant's life? \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

6. Describe the applicant's church involvement.  youth group  Sunday School  music  leadership  other

7. What are the applicant's strengths? \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

8. Please give a brief overview of the applicant's Christian life and character. \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

9. Please give any family background information which might help us understand the applicant's needs. \_\_\_\_\_

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10. Please check the area for each category which, in your opinion, best describes the applicant:

	Strongly Agree	Agree	Unsure/Neutral	Disagree	Strongly Disagree
Motivated	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Concerned for others	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Influences others for good	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Shows leadership	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Respects authority	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Accepted by peers	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Discerning in behavior	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Cooperative	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Reliable	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Self Disciplined	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

11. Has the applicant had any disciplinary, criminal or social problems?  yes  no

If yes, please comment. \_\_\_\_\_

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12. Recommendation for trip.  highly recommend  recommend  recommend with reservations  do not recommend

Please write any additional comments on an attached sheet.

### CHURCH PROFILE

Church Name \_\_\_\_\_

Church Affiliation \_\_\_\_\_ Approximate size of youth group \_\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ ZIP \_\_\_\_\_

Phone (\_\_\_\_\_) \_\_\_\_\_ Email \_\_\_\_\_

Your Name \_\_\_\_\_ Title \_\_\_\_\_

Signature \_\_\_\_\_ Date \_\_\_\_\_

Mail the completed form directly to:

***G.T.M.I.***

Global Truth Ministries, Inc  
P.O. Box 1211  
Livingston, TX 77351

or

Fax or email the completed form directly to: (936) 327-9344 fax  
globaltruthministriesinc@yahoo.com