

**Recommendation for,** \_\_\_\_\_  
**For the Uganda E-Team**  
**Your Name** \_\_\_\_\_

We thank you for taking the time to complete this recommendation form. This recommendation is part of the application process for the person named above to serve as an individual on a medical mission team. Your input will assist us in the application process. We would appreciate your honest evaluation of the person mentioned above. Any information you provide will be held in strict confidence. Please feel free to call **Kjersten Blair at 301-869-2800** if you have any questions about this form.

How long have you known this person and how well?

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From your perspective, describe this person's present spiritual life.

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In your opinion, what are this person's greatest strengths (spiritual, personal) that he/she could add to this team?

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In your opinion, are there any weaknesses in this person that could negatively affect this team?

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Is there any other relevant information that we should consider when determining this person's eligibility to participate?

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Please check one of the following:

- I highly recommend this person to be a part of a short-term mission project.
- I recommend this person to be part of a short-term mission project.
- I recommend this person with some reservation.
- I am unable to recommend this person to participate in a short-term mission project.

Signature \_\_\_\_\_

Date \_\_\_\_\_