

Trip destination _____

Trip dates ___/___/___ to ___/___/___

Team ID number _____



Short Term Mission Teams

PASTOR'S/CHURCH LEADER'S REFERENCE
(Confidential)

Team member's name: _____

Pastor's/church leader's name: _____

1. How have you seen evidence of spiritual growth in this individual?

2. Would this individual represent Christ, your church and VisionTrust well?

3. Reasons for VisionTrust to accept or not accept this individual?

Highly recommend Recommend Do not recommend (Please check one)

(Signature)

(Date)

* Do not return to individual

* Please return DIRECTLY to VisionTrust International, PO Box 50524, Colorado Springs, CO 80949