

Trip destination _____

Trip dates ____/____/____ to ____/____/____

Team ID number _____



VisionTrust Short-term Mission Team

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 International well?
Yes No Please explain:

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

4. Would you want this person on your short-term mission trip?
Yes No Please explain:

Highly recommend Recommend Do not recommend *(Please check one)*

Signature

Date

Do not return to individual

Please return DIRECTLY to:

VisionTrust International, 3710 Sinton Road Suite #100, Colorado Springs, CO 80807