

SUMMER MISSIONARY PROGRAM

Options include—

🌿 **La Esperanza & San Vicente (Mexico):**

Work with a dynamic team of missionaries, short-term groups, and the local church to serve low-income communities and migrant camps through construction projects, VBS, film ministry, and other opportunities



🌿 **Mobile (San Diego-based):**

Serve at our US office and also travel to several sites throughout Mexico to help with special outreach events and other ministries



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SUMMER MISSIONARY REQUIREMENTS

1. PERSONAL QUALITIES

- Summer missionary applicants must have an active personal relationship with Jesus Christ as Lord and Savior of their life and have been involved with a local church.
- Must have a desire to serve in a cross-cultural environment.
- Strives to have the discipline of maintaining daily devotions.
- Must have a servant attitude of doing what needs to be done at the ministry site.

2. TIME COMMITMENT: A commitment of at least 8 weeks is required.

3. AGE REQUIREMENT

- Summer Missionary applicants should have two years of college or of post- high school work experience.

4. LANGUAGE REQUIREMENT: Knowing Spanish is not a requirement to serve as a Summer missionary. But it is strongly encouraged that the applicant have a basic working knowledge of Spanish.

5. EXPENSES NEEDED

- Application Fee: A \$25 (U.S. currency) application fee is to be mailed in with the application.
- Participation Fee: The fee for participation will depend on the ministry and location where the Summer Missionary will be serving. Generally, a Summer position with Mexican Medical Ministries will start at \$1000 for an eight-week commitment.
- Extra Monies: Additional monies will be needed for food and other personal expenses at the site.
- Any support raised exceeding the Summer missionary program fee will be given to the missionary at the conclusion of the summer program.

THE APPLICATION PROCESS OF A SUMMER MISSIONARY

Checklist of Items

1. Submit the application and forms.

- Application
- Application fee of \$25.00
- 4 Reference forms
- Signed “Waiver and Release of Liability” form
- Signed “Consent for Medical Treatment” form
- Signed “Agreement of Expectations” form
- Signed Doctrinal Statement
- 2 passport pictures. Please print your name on back of the pictures.
- 1 copy of your passport. Make sure the copy is readable.
- Written personal testimony

2. Receive the confirmation materials.

- A letter of acceptance to the Summer Missionary Program.
- Summer Missionary informational packet:
 - General information to help you prepare for your summer.
 - A list of suggested items to bring to Mexico.
 - Guidelines to help you raise support.
- Form: Travel Plans Itinerary form (To be filled out and returned)

3. Start raising support.

- Discover prayer supporters that will pray.
- Summer missionary budget needs will be given to you in your acceptance letter. These funds need to be in the office one month prior to your arriving on the field.
- Any funds raised over the budget amount will be given to you after you complete your summer.

4. Make your transportation plans.

- If you are planning to take your own vehicle to Mexico you will need to contact your area missionary for any instructions.
- Make sure you submit your itinerary form to the office.

5. Participation fees

- Participation fees submitted.

6. Receive your confirmation letter.

This letter will confirm that your participation fees have been received and all your paperwork has been accepted and approved. This letter will also give last minute details.

MEXICAN MEDICAL MINISTRIES SUMMER MISSIONARY APPLICATION

CONTACT INFORMATION				
Name				Date filled out
Address			Email	
City			State/Prov	Zip/Postal Code
Home Phone		Work Phone		Cell Phone
PERSONAL INFORMATION				
Age	Date of Birth	Sex (Circle) Male Female	Citizenship	T-shirt size (Circle) SM MED LG XL XXL
Emergency Contact		Relationship		Phone
INTEREST INFORMATION				
Who has influenced you to apply?			Which ministry site do you feel God is calling you to serve?	
When you would be available to start?			What is the time commitment? <input type="checkbox"/> 8 weeks <input type="checkbox"/> Other amount: _____	
What goals do you want to achieve by serving as a summer missionary?				
What skills to you have that can be used in Mexico?				

CHURCH INFORMATION

Name of church you regularly attend			
Address		Email	
City		State/Prov	Zip/Postal Code
Church Phone		Pastor	
How long have you been attending this church?		Denominational Affiliation of Church	
<ul style="list-style-type: none"> • Have you talked with your pastor about serving as a summer missionary ? <input type="checkbox"/> YES <input type="checkbox"/> NO (If not, please explain on separate sheet.) • Will your church be helping to support you? <input type="checkbox"/> YES <input type="checkbox"/> NO (If not, please explain on separate sheet.) • What ministries are you presently involved? 			

LEVEL OF SPANISH FLUENCY

Do you speak Spanish? _____ NO; _____ YES, If yes, please circle the level of fluency you would rate yourself. Refer to the sheet “¿Puedes hablar español?” This is found in the application packet.

NON-SPEAKER	NATIVE SPEAKER
0 0+ 1 1+ 2 2+ 3 3+	4 4+ 5

Please list what Spanish classes, courses, or language schools that have helped you learn the amount of Spanish you know at this point.

EDUCATIONAL BACKGROUND		
If you did not finish with a degree, please write number of hours completed.		
HIGH SCHOOL	NAME OF SCHOOL	Extra-Curricular Activities
GRADUATION DATE	LOCATION OF SCHOOL	
COLLEGE / UNIVERSITY	NAME OF SCHOOL	HOURS / DEGREE / MAJOR
GRADUATION DATE	LOCATION OF SCHOOL	
GRADUATE SCHOOL	NAME OF SCHOOL	HOURS / DEGREE / MAJOR
GRADUATION DATE	LOCATION OF SCHOOL	

BIBLE TRAINING	
Please list any other Bible training courses, seminars or classes that have been helpful in your preparation.	

OTHER TRAINING		
Please list other training schools, events, seminars, and conferences that have helped you in preparing for this ministry opportunity with Mexican Medical Ministries.		
Type of training	NAME OF TRAINING COURSE/SCHOOL	Result of training
Completion Date	LOCATION OF TRAINING	
Type of training	NAME OF TRAINING COURSE/SCHOOL	Result of training
Completion Date	LOCATION OF TRAINING	

WORK EXPERIENCE
FILL OUT THIS PART FOR YOUR CURRENT EMPLOYER.

Current Employer		Position	
Address		Email Address	
Supervisor	Phone No.	Date Started	
May we contact your supervisor? If not, please explain.			
What duties/responsibilities do you have?			
What has been the most satisfying part of your current job?			

MISSIONS INFORMATION

- What skills, talents, training or experience do you have that will be helpful in serving in a cross-cultural ministry? If needed, use a separate sheet.

- What mission trips/involvement have you had? Please list the dates, locations and organization(s)/church(es). If needed, use a separate sheet.

Dates	Location of trip	Organization	Principle Activity

SHARE YOUR TESTIMONY

PLEASE WRITE YOUR TESTIMONY

- Submit on a separate sheet of paper.
- Submit the testimony either typewritten or computer printed. Do not submit testimony handwritten.
- Share your testimony. Covering the following . . .
 - Initial conversion to Christianity. What were the factors that led you to that point of decision?
 - Present commitment to Jesus Christ

Additional Comments:

I declare by my signature below that:

1. I commit myself to the task of leading people to the Lord by sharing God's love with the people of Mexico, depending upon the Holy Spirit to empower me.
2. I am in agreement with the purposes and plans of Mexican Medical Ministries as they minister in Mexico.
3. I am aware that I am responsible to develop a list of supporters that will be willing to support my ministry with Mexican Medical Ministries through prayer and financial commitments.
4. I authorize Mexican Medical Ministries to make inquiries into my personal employment, finances, medical history or other related matters in consideration of my application to serve. I hereby release employers, schools or persons from all liability in responding to inquiries in connection with my application.
5. To the best of my knowledge, all of the information in this application is true and complete.

Signature of Applicant _____ Date _____

When you have completed the application, please mail it to:

MEXICAN MEDICAL MINISTRIES
Attn: Missionary Care & Development Department
7850 Lester Ave
Lemon Grove, CA 91945

Mexican Medical's Doctrinal Statement

1. **We believe in God the Father**, an infinite, personal spirit, perfect in holiness, wisdom, power and love.
2. **We believe** that He concerns Himself in the affairs of men and that He hears and answers prayer. He saves from sin and death all who come to know Him through Jesus Christ.
3. **We believe** that the Bible is the Word of God, written under the inspiration of the Holy Spirit, infallible and without error in the original manuscripts and that it is the supreme authority in all matters of faith and conduct.
4. **We believe Jesus Christ** is God's only begotten Son, conceived by the Holy Spirit.
5. **We believe** in His virgin birth, sinless life, miracles and teachings.
6. **We believe** in His substitutionary atoning death, bodily resurrection, and ascension into heaven, perpetual intercession for His people and personal visible return to earth.
7. **We believe in the Holy Spirit**, by whose regenerative work sinful man is born again and by whose indwelling regenerate man is enabled to live a godly life.
8. **We believe** that all have sinned and come short of the glory of God, but that the triune God has provided for the forgiveness of our sins. We need only confess our sins, acknowledge Jesus Christ as Lord and Savior and accept Him into our hearts and lives.

I declare by my signature here that I am in agreement with the doctrinal statement.

Signature

Date

WAIVER AND RELEASE OF LIABILITY (“RELEASE”)

THIS DOCUMENT AFFECTS IMPORTANT LEGAL RIGHTS. PLEASE READ IT CAREFULLY.

1. Mexican Medical, Inc. (“MMI”) is a non-profit, charitable corporation which assists in the provision of medical, surgical, construction and other services for indigent persons in Mexico. These services are provided by qualified medical and support personnel and other volunteers who donate their time and services. The services are provided in remote locations. I am volunteering my time and services to such ministry activities.
2. I understand and acknowledge that I will be driving or traveling with other volunteers who will be driving me to the site of ministry activity. Neither I nor such a driver is an employee of or controlled by MMI, but rather is another volunteer in the ministry activity who has elected to drive to the ministry activity in lieu of making other arrangements for his or her personal transportation. I further understand and acknowledge that the Driver alone will determine certain aspects of the operation of the vehicle, travel and other details of the trip.
3. I understand that instead of arranging to travel with volunteer Drivers, I may make alternative arrangements to secure public or other transportation to the site of ministry activities. I understand that I have other alternatives for transportation. I understand that MMI does not require me to travel as a passenger with the volunteer Driver in order for me to participate in the ministry activities for which I am volunteering.
4. I understand and acknowledge that all volunteers are completely responsible for their own suitability to travel by ground to the site of ministry activities and to participate in ministry activities and that I am strongly encouraged to consult a physician prior to departure should I have any concerns regarding my suitability to travel or participate in ministry activities. I understand that I will be traveling by ground, lodging and working in a country other than the United States and may face additional risks in doing so.
5. I understand and acknowledge that MMI does not maintain insurance with respect to ministry activities or the travel described above. I understand and acknowledge that any applicable liability insurance carried by me or any volunteer Driver with whom I travel will be the sole source of insurance funds available to me or my survivors in the event of an accident or death which may occur in the course of such travel.
6. I understand and acknowledge that MMI has no workers’ compensation coverage applicable to my work as a volunteer. While I am working in Mexico or elsewhere on a MMI mission, I am not covered by workers’ compensation insurance or any other type of insurance provided by MMI. I understand and acknowledge that as a volunteer on a MMI mission, I am not an employee of MMI.
7. I understand and acknowledge that I am not to transport any medication (due to strict Customs’ restrictions that I might not be aware of) in support of the ministry activity without clearing the items with MMI. This medicine restriction does not include any medications that I have in my possession for personal use, but in the event such personal use medication is a prescription medication, I shall have in my possession a copy of the prescription or a medical container clearly identified with my name.
8. I understand and acknowledge that my travel to or from Mexico, and work at a MMI ministry site necessarily entails a risk of great bodily injury or death. Such risks arise from a number of sources including, but not limited to, accidents or breakdowns involving other modes of

transportation, such as by van or car, the possibility of contaminated fuel, hostile environment or government activities, criminal activities, terrorist acts, lack of sufficient security or other causes, illness or a combination of such events. I voluntarily, expressly agree to assume all risks of injuries however caused, even if caused in whole or part by the action, inaction or negligence of MMI or any and all or other released parties, to the fullest extent allowed by law.

9. In consideration for my opportunity to participate in this ministry activity, and for other consideration set forth above, on behalf of my heirs, executors, successors, assigns, agents, employees, attorneys, and other representatives, I hereby release and forever discharge Mexican Medical, Inc. and its directors, trustees, officers, employees, volunteers, agents, attorneys, and related persons from any and all claims, debts, liabilities, demands, obligations, costs, expenses, actions and causes of action of any nature, character and description, known or unknown, including personal injury and death, which I alone may now own or hold or at any time before this owned or held, or at any time hereafter own or hold by reason of any matter, cause or thing whatsoever, occurred, done, omitted or suffered to be done, in connection with my travel or actions related to any ministry activities or mission trip presently or hereafter sponsored or organized by MMI, or any other persons or parties released above.

10. I am advised, understand and acknowledge that California Civil Code section 1542 provides that:

“A GENERAL RELEASE DOES NOT EXTEND TO CLAIMS WHICH THE CREDITOR DOES NOT KNOW OR SUSPECT TO EXIST IN HIS OR HER FAVOR AT THE TIME OF EXECUTING THE RELEASE, WHICH IF KNOWN BY HIM OR HER MUST HAVE MATERIALLY AFFECTED HIS OR HER SETTLEMENT WITH THE DEBTOR.”

I understand and acknowledge the significance and consequences of California Civil Code section 1542 and hereby elect to waive the benefits of its provisions, with the intent that this release shall include claims known, unknown or unsuspected.

11. I agree to hold harmless and indemnify the parties being released (as described in par. 10) from any costs or attorneys' fees that may be incurred as a result of any challenge to this Release or any legal action brought in contravention of this Agreement, in litigation resulting from my injury, death or property damage, or otherwise in connection with any trip to conduct ministry activity with MMI.

12. I understand and acknowledge that I may seek advice from legal counsel before signing this Release Agreement, and by signing this Agreement I acknowledge that I have sought the advice of legal counsel or wish now to intentionally waive the opportunity to discuss this Release with an attorney.

13. I understand and acknowledge that by signing this Agreement, I am confirming that I understand the language used in this Release. If translation of this Release or any wording contained in it is necessary, I understand that I have the ability to obtain such translation before signing the document.

14. I hereby grant permission to MMI to use, reproduce and/or distribute photographs, films, videotapes, and sound recordings of me, without compensation or approval rights, for use in materials created for the purposes of promoting or describing the activities of MMI, or otherwise.
15. This Agreement shall remain in full force and effect for the duration of the initial Ministry activities and subsequently, through December 31, 2019, unless it is revoked in writing.
16. I understand and acknowledge that this Release is a full and complete agreement, and that no other documents or other information produced apply at all to its terms of this Waiver and Liability Release. This document is a fully integrated, final and complete statement of the waiver and release of liability to which I have agreed. It may only be amended or modified in writing. If any provision of this Release is declared invalid, the remaining provisions shall remain enforceable.
17. I understand and acknowledge that this Waiver and Liability Release Agreement is a private contract entered into in California and that it shall be governed by California law regardless of where any occurrence covered by this Agreement takes place.

Dated: _____

[Signature]

[Printed Name]

My telephone number(s)

In the event of an emergency, if you are unable to reach me at the above number(s), contact:

Name:

Relationship: _____ Telephone(____) _____

CONSENT FOR MEDICAL TREATMENT

I hereby agree to the performance of any emergency medical treatment, anesthetics and operations deemed necessary by an attending physician.

I realize this authority is being granted for domestic and non-domestic territory. I understand that I am responsible for providing medical and accident insurance to cover the activities while participating in Mexican Medical, Inc. programs.

PRINT Name of the Summer Missionary

Emergency Phone Number

Signature of the Summer Missionary

Date

Print the name of your insurance company

Policy No.

Phone number of insurance company

MEXICAN MEDICAL MINISTRIES

AGREEMENT OF EXPECTATIONS

As a participant in Mexican Medical Ministries Summer Missionary Program, I hereby agree to the following:

1. I realize that travel in a foreign country might be dangerous. For this reason, although I am an adult:
 - I will be accountable to my area missionary for all of my trips off the site grounds.
 - I agree to ALWAYS get permission from the area missionary prior to leaving the site grounds.
 - I expect that the area missionary will look for me if I don't arrive back by the time agreed upon.

2. I realize that this is not a vacation.
 - I intend to go to Mexico to work, learn, and to be of assistance to the missionary and Mexican personnel.
 - I expect to have some opportunities to see the area/community and do a little shopping, but it will not occur on a daily basis.
 - I am there to serve, not to be served. The area missionaries will be helpful, but I do not expect them to cater to me 24/7. I will respect their privacy.

3. I realize my need to work the times scheduled and will make myself available whenever needed.

4. I agree to abide by the dress code that the ministry site has for summer missionary.

5. I realize that in my off hours (hours spent outside of the site) that time still may not be my own.
 - I need to be accessible to the area missionary or the person he/she appoints me to so that I might be of service in other areas of the ministry.

6. I realize that although the site may have resources that might be available, that doesn't mean I will be able to use them whenever I want to.
 - The ministry sites may not have vehicles to loan out. I realize that any traveling may have to be done at the discretion and direction of the missionary.
 - Some ministry sites do not have public telephones. I realize that I may not be able to phone home as many times as I would like to.

7. I realize this is a special opportunity and I look forward to making the most of it. Because of the experience that the full-time staff of Mexican Medical Ministries has, I will receive suggestions from them as not merely suggestions, but as the rules and guidelines that I must follow and obey.

8. I expect to be held accountable for following the rules and guidelines listed in this information packet.

Signed _____ Date _____

GENERAL MEDICAL INFORMATION

Please check the line that describes your health.

_____ Excellent; _____ Good; _____ Okay; _____ Poor

Do you have a chronic (long-lasting or persistent) medical condition that requires treatment or medication?	Yes	No
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If yes, please have your physician send a summary of your treatment that includes the following:

- Condition being treated
- Type of medication
- Physician's address and phone number

ALLERGIES	No	Yes	If yes, please give specific details.
Drugs			
Pollen			
Food			
Insect			
Other			

HEALTH ISSUES

In the boxes below list any known health issue(s) and the medication you are taking for that health issue.

Health Issue	Medication
Health Issue	Medication

MEDICAL INSURANCE INFORMATION

Insurance Company	Phone	
Address		
City	State/Prov	Zip/Postal Code
Policy No.	Group No.	Identification No.

¿Puedes hablar español?

There needs to be an understanding of how well you speak Spanish in order to plan your responsibilities based on your language ability. This rating system uses a scale of 0 to 5 to denote a person's level of proficiency in a particular language. This rating scale is to help you evaluate where you're at in your language proficiency.

- **Level 0** – Has no proficiency in the language. Once you've learned to use at least 50 words appropriately, you've graduated to the zero-plus level.
- **Level One – Novice.** A novice has extremely limited vocabulary and grammar, understands very little of the language when spoken normally, has difficulty-making him/herself understood by native speakers. A novice can exchange greetings, elicit predictable information and explain routine procedures in a restricted way.
- **Level Two– Survivor.** A survivor can converse using basic vocabulary (time, date, weather, family, clothes); uses the present, past, and future tenses more or less correctly; and is aware of difficult grammar topics (e.g., subjunctive, relative pronouns), but either uses them incorrectly or awkwardly rearranges sentences in order to avoid them. Still needs to tote a dictionary and/or phrase book around, but can survive in an immersion situation: order food, give and receive directions, take a taxi, etc.
- **Level Three – Conversationalist.** A conversationalist has the ability to converse about fairly abstract ideas, state opinions, read newspapers, and understand the language when spoken normally (on TV, radio, film, etc.) with slight-to-moderate difficulty. Still has some trouble with specialized vocabulary and complicated grammar, but can reorganize sentences in order to communicate and figure out the majority of new vocabulary within the context. By the time you reach level three, you should be able to handle some limited work requirements, though your vocabulary is still quite limited and your accent is still quite noted.
- **Level Four. Fluent Speaker.** A fluent speaker can participate in extended conversations, understand the language when spoken normally, figure out the meaning of words within context, debate, and use/understand complicated grammatical structures with little or no difficulty. Has good accent and understands dialects with slight-to-moderate difficulty. At this level, the language learner has achieved a minimal professional level of proficiency and can speak well enough to make close friendships. Able to preach and teach in the language.
- **Level Five - Native Speaker.** Someone who has spoken the language from at least the age of 5. In theory, understands essentially everything in the language: all vocabulary, complicated grammatical structures, cultural references, and dialects. Has a native (i.e., invisible, "normal" in his/her region) accent.

There are plus levels in between each level to indicate you're well along towards the next highest level, but aren't quite there yet. The better you know the language (and the culture that goes along with it), the more satisfying your experience in Mexico will be.

REFERENCE FORMS: INSTRUCTIONS

1. You will need to have four people submit a reference form for you. They need to be from the following people:
 - One from your pastor.
 - One from your employer. If your pastor is your immediate supervisor, then you will need to have this filled out by a co-worker.
 - Two from friends/acquaintances. Make two copies of this form. They should have known you for at least five years and have had contact with you during this last year.

2. You are responsible to get these reference forms to your referents. Mail (or hand deliver) a reference form to each referent. Give the person filling out your reference a deadline when to get the form submitted. Be sure to include a stamped envelope addressed to:

Mexican Medical Ministries
Attn: Missionary Care & Development Dept.
7850 Lester Ave
Lemon Grove, CA 91945

3. You will need to print your name on the top part of the reference form. Read the Waiver of Right to Access and if you voluntarily waive any right or privilege to inspect or challenge the content and comments expressed in this reference, please sign the form where it says "Signature of Applicant."

The signing of this waiver is entirely voluntary and is not a requirement for appointment with Mexican Medical Ministries.

4. It is your responsibility to follow up with your referents to make sure they have completed and mailed their reference forms to the office.
5. You can give the office a call and inquire which references have been received.

**CONFIDENTIAL REFERENCE FORM FOR SUMMER MISSIONARY
Pastor's Reference Form**

This box is to be filled out by the applicant. The signing of this waiver is voluntary and is not a requirement for appointment with Mexican Medical Ministries.

Name of Applicant _____

WAIVER OF RIGHT TO ACCESS: I, the undersigned, hereby voluntarily waive any right or privilege to inspect or challenge the content and comments expressed in this reference. I expect that the observations made shall remain confidential between the referent and Mexican Medical Ministries.

Signature of Applicant _____ Date _____

INSTRUCTIONS TO THE REFERENT: The person named above is applying for appointment with Mexican Medical Ministries, a Christian missionary agency whose purpose is to share the gospel of Jesus Christ via a variety of ways and help strengthen local churches to impact their communities. The applicant is asking you to be one of their referrals. Although the applicant may voluntarily waive the right to review this reference, it is hoped that a spirit of openness and candor will exist between the applicant and the referent regarding the contents of this reference.

Thank you for taking the time to fill out this reference form. We realize your time is valuable, and we appreciate your willingness to help us. We would like some insight on the applicant's character, personality, and ability to serve in a cross-cultural ministry. Please be as objective as possible in your information concerning the applicant. You may be contacted for further clarification on the applicant. For any questions of which you have no knowledge, please write, "Not observed." For extra comments use additional pages.

Pastor Giving Reference	Church Name	
City	State	Phone

1. How long have you known the applicant? Years: Months:
2. How well would you say you know the applicant? Surface 1 2 3 4 5 6 7 8 9 10 Very Well
3. What level of communication have you had in the last year? <input type="checkbox"/> Very Personal; <input type="checkbox"/> Personal; <input type="checkbox"/> Surface; <input type="checkbox"/> None
4. What kind of church involvement has this applicant had? Please comment on the applicant's consistency in attendance and service with the church.

<p>5. Is there any indication that the applicant's decision to be a missionary has been significantly influenced by:</p> <p>YES NO – A desire to escape a personal crisis, family pressures, or a vocational situation?</p> <p>YES NO – An unrealistic appraisal of what is involved by serving in a cross-cultural setting?</p>
<p>6. How does the applicant respond to designated authority and standards?</p>
<p>7. How much have you counseled the applicant about serving as a missionary?</p>
<p>8. YES NO – Have you ever had any reason to question the applicant's morals? If yes, what were the issues:</p>
<p>9. YES NO – Can the applicant take responsibility and demonstrate leadership? If yes, please give examples.</p>
<p>10. YES NO – Do you have any reservations concerning the financial honesty and/or the indebtedness of the applicant? If yes, please explain:</p>
<p>11. YES NO – Do you have any reservations concerning the personal integrity of the applicant? If yes, please explain:</p>

12. **Instructions:** (1) First, please check any characteristics that would apply to the applicant.
 (2) Then, second please circle the 3 characteristics that would most describe the applicant.

- | | | |
|---|--|---|
| <input type="checkbox"/> Argumentative | <input type="checkbox"/> Introvert | <input type="checkbox"/> Reserved |
| <input type="checkbox"/> Complainer | <input type="checkbox"/> Lazy | <input type="checkbox"/> Restrained |
| <input type="checkbox"/> Decisive | <input type="checkbox"/> Loves details | <input type="checkbox"/> Rigid |
| <input type="checkbox"/> Dependable | <input type="checkbox"/> Low self-esteem | <input type="checkbox"/> Sensitive |
| <input type="checkbox"/> Easily discouraged | <input type="checkbox"/> Mature | <input type="checkbox"/> Shy |
| <input type="checkbox"/> Enthusiastic | <input type="checkbox"/> Moody | <input type="checkbox"/> Self-confident |
| <input type="checkbox"/> Extrovert | <input type="checkbox"/> Optimistic | <input type="checkbox"/> Spontaneous |
| <input type="checkbox"/> Flexible | <input type="checkbox"/> Pessimistic | <input type="checkbox"/> Subdued |
| <input type="checkbox"/> Friendly | <input type="checkbox"/> Pleasant | <input type="checkbox"/> Tactful |
| <input type="checkbox"/> Giving | <input type="checkbox"/> Punctual | <input type="checkbox"/> Trustworthy |
| <input type="checkbox"/> Humorous | <input type="checkbox"/> Quick-tempered | <input type="checkbox"/> Visionary |
| <input type="checkbox"/> Impulsive | <input type="checkbox"/> Reliable | <input type="checkbox"/> Workaholic |

13. **Instructions:** Please circle in each row the characteristic that describes the applicant. Leave blank if you have not observed.

PERSONAL RELATIONSHIPS				
a. Family	Healthy & Supportive	Healthy but not supportive	Dysfunctional but supportive	Dysfunctional & not supportive
b. Social	Very popular	Make friends easily	Slow to make friends	Generally avoided
c. Opposite Sex	Respectful	Outgoing	Loner	Flirtation

EMOTIONAL MATURITY				
d. Response to pressure	Copes well	Adapts slowly	Dominates situation	Withdraws socially
e. Self-Assurance	Assertive	Confident	Apprehensive	Insecure

SPIRITUAL MATURITY				
f. Bible Knowledge	In depth	Loves the Word	Average	Very little
g. Spiritual Walk	Mature & consistent	Growing	Inconsistent spiritual walk	Spiritual immaturity
h. Relationship with God	Consistent in a devotional life	Fruitful witness to people	Very much up and down	Little evidence demonstrated in life
i. Church Involvement	Very active and involved in activities	Attends worship and Bible studies	Attends just the worship services	Attends occasionally

LEADERSHIP ABILITIES				
j. Communication Skills	Able to express ideas clearly and motivate	Is willing to speak if there is a need	Speaks only if it is the LAST option	Doesn't (or won't) communicate well
k. Team Worker	Team leader	Enthusiastic member	Supportive member	Low-initiative follower
l. When conflict arises	Peacemaker	Confrontational	Withdrawal	Defensive / Critical

14. YES NO – If the applicant were appointed with Mexican Medical Ministries, would your church be willing to help financially support this applicant? If not, please explain:

15. Would you recommend that we accept this applicant?

STRONGLY SO YES QUESTIONABLE NO

Please suggest two other people that are not related to the applicant that could be contacted to fill out a reference form for the applicant.

NAME _____ Relationship to Applicant _____		
Address _____	City _____	Zip Code _____
Phone Number and or Email _____		

NAME _____ Relationship to Applicant _____		
Address _____	City _____	Zip Code _____
Phone Number and or Email _____		

When finished filling out the form, please mail it to:

Mexican Medical Ministries
Missionary Care & Development Department
7850 Lester Ave
Lemon Grove, CA 91945

Thank you for filling out this reference form!

Signature

Date

**CONFIDENTIAL REFERENCE FORM FOR SUMMER MISSIONARY
General Reference Form**

This box is to be filled out by the applicant. The signing of this waiver is voluntary and is not a requirement for appointment with Mexican Medical Ministries.

Name of Applicant _____

WAIVER OF RIGHT TO ACCESS: I, the undersigned, hereby voluntarily waive any right or privilege to inspect or challenge the content and comments expressed in this reference. I expect that the observations made shall remain confidential between the referent and Mexican Medical Ministries.

Signature of Applicant _____ Date _____

INSTRUCTIONS TO THE REFERENT: The person named above is applying for appointment with Mexican Medical Ministries, a Christian missionary agency whose purpose is to share the gospel of Jesus Christ via a variety of ways and help strengthen local churches to impact their communities. The applicant is asking you to be one of their referrals. Although the applicant may voluntarily waive the right to review this reference, it is hoped that a spirit of openness and candor will exist between the applicant and the referent regarding the contents of this reference.

Thank you for taking the time to fill out this reference form. We realize your time is valuable, and we appreciate your willingness to help us. We would like some insight on the applicant’s character, personality, and ability to serve in a cross-cultural ministry. Please be as objective as possible in your information concerning the applicant. You may be contacted for further clarification on the applicant. For any questions of which you have no knowledge, please write, “Not observed.” For extra comments, use additional pages.

Person Giving Reference	Relationship to Applicant	
City	State	Phone

1. How long have you known the applicant? Years: Months:
2. How well would you say you know the applicant? Surface 1 2 3 4 5 6 7 8 9 10 Very Well
3. What level of communication have you had in the last year? <input type="checkbox"/> Very Personal; <input type="checkbox"/> Personal; <input type="checkbox"/> Surface; <input type="checkbox"/> None
4. Please describe the applicant’s home life.
5. Is there any indication that the applicant’s decision to make application with Mexican Medical Ministry been significantly influenced by: YES NO – A desire to escape a personal crisis or family pressures? YES NO – A work situation in their present job that he/she is avoiding by applying with Mexican Medical Ministries?

6. How does the applicant respond to designated authority and standards?
7. How does this applicant demonstrate being “full of faith”?
8. What are the applicant’s significant talents or special abilities that would be good in a cross-cultural environment?
9. Are you aware of this applicant having any criminal or social problems? <input type="checkbox"/> YES; <input type="checkbox"/> NO. If yes, what problems are you aware of?
10. What does this person seem passionate about and how has it been demonstrated in his/her life?
11. Would you recommend that we accept this applicant? <input type="checkbox"/> STRONGLY SO <input type="checkbox"/> YES <input type="checkbox"/> QUESTIONABLE <input type="checkbox"/> NO
12. What additional comments do you have that would be helpful in assessing if the applicant should or should not be considered for a position with Mexican Medical Ministries?

13. **Instructions:** (1) First, please check any characteristics that would apply to the applicant.
 (2) Then, second please circle the 3 characteristics that would most describe the applicant.

- | | | | |
|---|--|---|---|
| <input type="checkbox"/> Argumentative | <input type="checkbox"/> Giving | <input type="checkbox"/> Optimistic | <input type="checkbox"/> Shy |
| <input type="checkbox"/> Complainer | <input type="checkbox"/> Humorous | <input type="checkbox"/> Pessimistic | <input type="checkbox"/> Self-confident |
| <input type="checkbox"/> Decisive | <input type="checkbox"/> Impulsive | <input type="checkbox"/> Pleasant | <input type="checkbox"/> Spontaneous |
| <input type="checkbox"/> Dependable | <input type="checkbox"/> Introvert | <input type="checkbox"/> Punctual | <input type="checkbox"/> Subdued |
| <input type="checkbox"/> Easily discouraged | <input type="checkbox"/> Lazy | <input type="checkbox"/> Quick-tempered | <input type="checkbox"/> Tactful |
| <input type="checkbox"/> Enthusiastic | <input type="checkbox"/> Loves details | <input type="checkbox"/> Reliable | <input type="checkbox"/> Trustworthy |
| <input type="checkbox"/> Extrovert | <input type="checkbox"/> Low self-esteem | <input type="checkbox"/> Reserved | <input type="checkbox"/> Visionary |
| <input type="checkbox"/> Flexible | <input type="checkbox"/> Mature | <input type="checkbox"/> Restrained | <input type="checkbox"/> Workaholic |
| <input type="checkbox"/> Friendly | <input type="checkbox"/> Moody | <input type="checkbox"/> Rigid | |
| | | <input type="checkbox"/> Sensitive | |

14. **Instructions:** Please circle in each row the characteristic that describes the applicant. Leave blank if you have not observed.

PERSONAL RELATIONSHIPS				
a. Family	Healthy & Supportive	Healthy but not supportive	Dysfunctional but supportive	Dysfunctional & not supportive
b. Social	Very popular	Make friends easily	Slow to make friends	Generally avoided
c. Opposite Sex	Respectful	Outgoing	Loner	Flirtation

EMOTIONAL MATURITY				
d. Response to pressure	Copes well	Adapts slowly	Dominates situation	Withdraws socially
e. Self-Assurance	Assertive	Confident	Apprehensive	Insecure

PERSONAL TRAITS				
f. Personal Appearance	Well-groomed	Takes good care of self	Could improve a little	Very Careless
g. Common Sense / Judgment	People will seek his/her advice	Very sound	Average	Poor
h. Perseverance	Persists even under adversity	Performs assigned task	Needs constant encouragement	Gives up easily or is easily discouraged
i. Achievement	Superior creative ability	Resourceful and effective	Starts but does not finish	Does only what is assigned

LEADERSHIP ABILITIES				
j. Communication Skills	Able to express ideas clearly and motivate	Is willing to speak if there is a need	Speaks only if it is the LAST option	Doesn't (or won't) communicate well
k. Team Worker	Team leader	Enthusiastic member	Supportive member	Low-initiative follower
l. When conflict arises	Peacemaker	Confrontational	Withdrawal	Defensive / Critical

Please suggest two other people that are not related to the applicant that could be contacted to fill out a reference form for the applicant.

NAME _____ Relationship to Applicant _____		
Address _____	City _____	Zip Code _____
Phone Number and or Email _____		

NAME _____ Relationship to Applicant _____		
Address _____	City _____	Zip Code _____
Phone Number and or Email _____		

When finished filling out the form, please mail it to:

Mexican Medical Ministries
Missionary Care & Development Department
7850 Lester Ave
Lemon Grove, CA 91945

Thank you for filling out this reference form!

Signature

Date

**CONFIDENTIAL REFERENCE FORM FOR SUMMER MISSIONARY
Employer's Reference Form**

This box is to be filled out by the applicant. The signing of this waiver is voluntary and is not a requirement for appointment with Mexican Medical Ministries.

Name of Applicant _____

WAIVER OF RIGHT TO ACCESS: I, the undersigned, hereby voluntarily waive any right or privilege to inspect or challenge the content and comments expressed in this reference. I expect that the observations made shall remain confidential between the referent and Mexican Medical Ministries.

Signature of Applicant _____ Date _____

INSTRUCTIONS TO THE REFERENT: The person named above is applying for appointment with Mexican Medical Ministries, a Christian missionary agency whose purpose is to share the gospel of Jesus Christ via a variety of ways and help strengthen local churches to impact their communities. The applicant is asking you to be one of their referrals. Although the applicant may voluntarily waive the right to review this reference, it is hoped that a spirit of openness and candor will exist between the applicant and the referent regarding the contents of this reference.

Thank you for taking the time to fill out this reference form. We realize your time is valuable, and we appreciate your willingness to help us. We would like some insight on the applicant's character, personality, and ability to serve in a cross-cultural ministry. Please be as objective as possible in your information concerning the applicant. You may be contacted for further clarification on the applicant. For any questions of which you have no knowledge, please write, "Not observed." For extra comments use additional pages.

Employer Giving Reference	Company Name	
City	State	Phone

1. How long has the applicant worked for you? Years: Months:
2. Would you re-hire this applicant if he/she were to re-apply to your company? <input type="checkbox"/> YES; <input type="checkbox"/> NO
2. How well would you say you know the applicant? Surface 1 2 3 4 5 6 7 8 9 10 Very Well
3. Do you directly supervise the applicant? <input type="checkbox"/> YES; <input type="checkbox"/> NO. If no, what is your relationship with the applicant?
4. What level of communication have you had in the last year? <input type="checkbox"/> Very Personal; <input type="checkbox"/> Personal; <input type="checkbox"/> Surface; <input type="checkbox"/> None
5. Is there any indication that the applicant's decision to make application with Mexican Medical Ministry been significantly influenced by: YES NO – A desire to escape a personal crisis or family pressures? YES NO – A work situation that he/she is avoiding by applying with Mexican Medical Ministries?

6. How does the applicant respond to designated authority and standards?
7. What were the job responsibilities of the applicant? Please comment on the applicant's performance of such responsibilities.
8. As an employee, is the applicant a self-starter and internally motivated to work? Please explain:
9. In what kind of work environment does the applicant best function?
10. Describe any instances where personal concerns or problems caused the applicant to have impaired functioning at work:
11. Has the applicant fulfilled your expectations as an employee?
12. Describe the level of supervision the applicant requires from you:

13. **Instructions:** (1) First, please check any characteristics that would apply to the applicant.
 (2) Then, second please circle the 3 characteristics that would most describe the applicant.

- | | | | |
|---|--|---|---|
| <input type="checkbox"/> Argumentative | <input type="checkbox"/> Giving | <input type="checkbox"/> Optimistic | <input type="checkbox"/> Shy |
| <input type="checkbox"/> Complainer | <input type="checkbox"/> Humorous | <input type="checkbox"/> Pessimistic | <input type="checkbox"/> Self-confident |
| <input type="checkbox"/> Decisive | <input type="checkbox"/> Impulsive | <input type="checkbox"/> Pleasant | <input type="checkbox"/> Spontaneous |
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| <input type="checkbox"/> Easily discouraged | <input type="checkbox"/> Lazy | <input type="checkbox"/> Quick-tempered | <input type="checkbox"/> Tactful |
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| | | <input type="checkbox"/> Sensitive | |

14. **Instructions:** Please circle in each row the characteristic(s) that describes the applicant. Leave blank if you have not observed.

PERSONAL RELATIONSHIPS				
a. Family	Healthy & supportive	Healthy but not supportive	Dysfunctional but supportive	Dysfunctional & not supportive
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c. Opposite Sex	Respectful	Outgoing	Loner	Flirtation

EMOTIONAL MATURITY				
d. Response to pressure	Copes well	Adapts slowly	Dominates situation	Withdraws socially
e. Self-Assurance	Assertive	Confident	Apprehensive	Insecure

WORK HABITS				
f. Self-Starter	Knows exactly what to do	If assigned tasks, will complete them	Needs constant supervision	Doesn't complete job, even with supervision
g. Relationship with co-workers	Has respect of co-workers	Liked by co-workers	Tolerated by co-workers	Has no contact with co-workers
h. Relationship with supervisor	Great relationship	Does what is expected of him/her	Has to be constantly reminded of responsibilities	Doesn't have any kind of a relationship
i. Work Ethics	Reliable	Honest/trustworthy	Bends rules	Undependable

LEADERSHIP ABILITIES				
j. Communication Skills	Able to express ideas clearly and motivate	Is willing to speak if there is a need	Speaks, only if it is the LAST option	Doesn't (or won't) communicate well
k. Team Worker	Team leader	Enthusiastic member	Supportive member	Low-initiative follower
l. When conflict arises	Peacemaker	Confrontational	Withdrawal	Defensive / Critical

16. What position did the applicant start with at your company?
17. Would you recommend that we accept this applicant? <input type="checkbox"/> STRONGLY SO <input type="checkbox"/> YES <input type="checkbox"/> QUESTIONABLE <input type="checkbox"/> NO
18. What additional comments do you have that would be helpful in assessing if the applicant should or should not be considered for a position with Mexican Medical Ministries?

Please suggest two other people that are not related to the applicant that could be contacted to fill out a reference form for the applicant.

NAME _____	Relationship to Applicant _____
Address _____	City _____
Phone Number _____	Zip Code _____
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