

Healing Place Church

Counselor Recommendation Form for Missions Applicant

Name of Missions Applicant: _____

The above named person is applicant for a mission trip to _____
for _____ (amount of time)

The Following duties of service will be required by applicant:

Please answer the following questionnaire to the best of your ability:

1. How long has the applicant been receiving counseling? _____
2. Do you have any concerns about the applicant participating in the missions event?
(Please explain your reason for your answer)

3. If your recommendation is that the applicant can attend; do you have any suggestions for the missions leadership team regarding how we can best support the applicant at this event?

Name of Counselor (print) _____ Phone #: _____

Signature of Counselor

Date