

MISSIONARY UPHOLDERS TRUST MUT – SMILE

Scheme for Missions Linked to Evangelism

Recommendation form for applicant organisations applying for enrolment in SMILE Project

(to be filled in by the recommending agency)

PART A: DETAILS OF THE ORGANISATION REQUESTING ADMISSION TO MUT-SMILE

1. Name of Organisation	
2. Address of the Head Office	
Phones:	
Fax:	Email:

3. Nature of work carried out by the Organisation applying for admission to MUT-SMILE <i>(tick the applicable)</i>	
Network of urban or Rural church planters or both	
Network of evangelists	
Network of independent pastors	
Support field missionaries through social work, administration, promotional work	
Mission coordination work	
Provide education / training for missionaries / missionary children	
Support evangelists working in a network	
Support pastors of churches catering to first generation believers.	
Short-term missionaries	
Trainee missionaries	
Honorary workers of a mission	
Theological seminary staff	
Missionary kids' school staff	
Missionary hospital staff	
Orphanages and homes	
Christian media	
Others (please mention)	

4. Activity orientation of the applicant organisation:		<i>(Please State)</i>	
CRITERIA		Yes	No
4.1	Is the Applicant carrying out any nature of gospel mission activity?		
4.2	Does the Applicant propagate and preach the teachings of Christianity?		
4.3	Is the Applicant church based or church oriented?		
4.4	Is the Applicant independent of any church denominations?		
4.5	Is the Applicant a secular organisation involved in secular activities?		
5. Information that you know about the Applicant			
CRITERIA		Your Remarks	
5.1	No. of years and / or months you know the Applicant & its activities?		
5.2	How many workers and/ or volunteers approximately serve the Applicant?		
5.3	How often do you interact with the Applicant and if so, in which spheres of activity?		
5.4	When was the last such interface between yours and the Applicant?		
5.5	Give a brief about what you know about the Applicant, its purpose (or goals) and their nature of operations?		
5.6	Do you recommend the applicant to be enrolled into MUT/ SMILE programmes and share the benefits?		
	<i>(Please tick the applicable)</i>	YES	NO
5.7	If your answer to Question 5.6 is a NO, please elucidate as to why the applicant should not be entertained		
6. Your assessment of the Applicant is:			
CRITERIA		ACTIVITIES	
		Gospel	Non Gospel
6.1	Break up of manpower deployed (%)		
6.2	Break up of the deployment of funds received (%)		
6.3	Break up of the nature of activities (%)		

PART B: DETAILS OF THE RECOMMENDING BODY

Name of your organisation :

Name:

Designation in the organisation:

Phone / Fax:

Email:

Signature:

Date	
Place	

Seal of the Recommending Mission

Please send the completed forms to:

Secretary,
Missionary Upholders Trust – SMILE
C/o Hope Ministries, # 865,
Kammanahalli Main Road, Bangalore – 560033
Tel. 080-64554777/65592777
Email: mutsmile@gmail.com

Note: Please take 2 copies of this, as two recommendations are required.