

MISSIONARY UPHOLDERS TRUST MUT – SMILE

Scheme for Missions Linked to Evangelism

RECOMMENDATION FORM FOR APPLICANT ORGANIZATIONS APPLYING FOR ENROLMENT IN MUT-SMILE SCHEME

(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	<input type="checkbox"/>
Network of evangelists	<input type="checkbox"/>
Network of independent pastors	<input type="checkbox"/>
Support field missionaries through social work, administration, promotional work	<input type="checkbox"/>
Mission coordination work	<input type="checkbox"/>
Provide education / training for missionaries / missionary children	<input type="checkbox"/>
Support evangelists working in a network	<input type="checkbox"/>
Support pastors of churches catering to first generation believers.	<input type="checkbox"/>
Short-term missionaries	<input type="checkbox"/>
Trainee missionaries	<input type="checkbox"/>
Honorary workers of a mission	<input type="checkbox"/>
Theological seminary staff	<input type="checkbox"/>
Missionary kids' school staff	<input type="checkbox"/>
Missionary hospital staff	<input type="checkbox"/>
Orphanages and homes	<input type="checkbox"/>
Christian media	<input type="checkbox"/>
Others (please mention)	<input type="checkbox"/>

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. +91 9243 492 505
Email: mutsmile@gmail.com

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