

Once the Young Church-Service Missionary Recommendation Form has been completed, including the signatures of the applicant and parent or guardian on page 3, the prospective young Church-service missionary should meet with his or her bishop for a worthiness interview and to discuss his or her specific abilities and limitations. When the bishop has approved the application, the prospective young Church-service missionary (YCSM) meets with the stake president for a worthiness interview. The stake president should work with the local Church-service missionary group coordinators to craft a mission specific to the young Church-service missionary so that it fits the applicant's skills and abilities. The Church-Service missionary group coordinators process the YCSM's mission call.

Attach photo here.  
 Dress in proper missionary attire.

For those who live in Utah between Payson and the Idaho border, this form should be submitted by the stake president to the young Church-service missionary coordinators in the Church Office Building, who will work with the stake president to find appropriate service opportunities for the young Church-service missionary. This form can be faxed to 1-801-240-1726 or scanned and emailed to ycsm@ldschurch.org. For further clarification or assistance, please call 1-801-240-4914.

**Important:** Please enter or clearly print *all* information.

**Applicant Information**

Name (first, middle, last)		Birth date (month, day, and year)	Phone (with area code)
Home address	City	State or province	Postal code
Email address	Membership record number	LDS Account username	Gender <input type="checkbox"/> Male <input type="checkbox"/> Female
Name of person to notify in case of emergency	Relation to applicant	Home phone (with area code)	Cell phone (with area code)
Desired length of service (check one) <input type="checkbox"/> 6 months <input type="checkbox"/> 12 months <input type="checkbox"/> 18 months <input type="checkbox"/> 24 months <input type="checkbox"/> Other (specify): _____			

Today's date	Do you have a trained service animal for assistance? <input type="checkbox"/> Yes <input type="checkbox"/> No		
Do you hold a current driver's license? <input type="checkbox"/> Yes <input type="checkbox"/> No	Do you have a vehicle available for transportation? <input type="checkbox"/> Yes <input type="checkbox"/> No	Are you able to use public transportation? <input type="checkbox"/> Yes <input type="checkbox"/> No	
Have you ever been arrested? <input type="checkbox"/> Yes <input type="checkbox"/> No	If yes, explain charge and resolution		Date of arrest (if applicable)
Have you ever been convicted of a crime? <input type="checkbox"/> Yes <input type="checkbox"/> No	If yes, explain charge and resolution		Date of conviction (if applicable)

**Health Information**

General health <input type="checkbox"/> Good <input type="checkbox"/> Fair <input type="checkbox"/> Poor	Eyesight <input type="checkbox"/> Good <input type="checkbox"/> Fair <input type="checkbox"/> Poor	Hearing <input type="checkbox"/> Good <input type="checkbox"/> Fair <input type="checkbox"/> Poor
Name of medical insurance provider		Policy number

**Medical Conditions**

1. Do you have or have you ever had any of the following:		
a. Back injury or back problems . . . . . <input type="checkbox"/> Yes <input type="checkbox"/> No	d. Dizziness or fainting spells . . . . . <input type="checkbox"/> Yes <input type="checkbox"/> No	
b. Heart disease or heart trouble . . . . . <input type="checkbox"/> Yes <input type="checkbox"/> No	e. Hernia . . . . . <input type="checkbox"/> Yes <input type="checkbox"/> No	
c. Epileptic seizures, convulsions, or paralysis . . . <input type="checkbox"/> Yes <input type="checkbox"/> No	f. Physical limitations . . . . . <input type="checkbox"/> Yes <input type="checkbox"/> No	
2. Are you currently taking medication of any type? <input type="checkbox"/> Yes <input type="checkbox"/> No	3. Do you have or have you ever had any other physical or medical impairments or disabilities, including mental or emotional disorders? <input type="checkbox"/> Yes <input type="checkbox"/> No	
4. Have you visited a doctor in the last five years? <input type="checkbox"/> Yes <input type="checkbox"/> No	If yes, name	Phone (with area code)

If the answer is "Yes" to any of the questions above, give the details of each (attach additional pages if necessary)

## Young Church-Service Missionary Recommendation Form—continued

Name (first, middle, last)

### Education and Skills

Education <input type="checkbox"/> High school <input type="checkbox"/> College	Degree(s) received	Keyboarding skills <input type="checkbox"/> Yes <input type="checkbox"/> No WPM: _____	Native language
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List or describe your computer experience (word processing, spreadsheets or databases, presentation software, and so on)

List or describe your oral and written communication skills, other language proficiency, office skills, interpersonal skills, hobbies, and current vocational interests

### Employment History

List employers and positions held (attach additional pages if necessary). If ever employed by the Church, include employee ID number.

Employer name	Position held and employee ID number (if applicable)
Employer name	Position held and employee ID number (if applicable)

### Church Information

Present Church calling(s)	Previous Church positions held	
Have you served a mission before? <input type="checkbox"/> Yes <input type="checkbox"/> No	If yes, dates of mission From _____ to _____	Name of mission (if applicable)

Additional missions served (if applicable)

### Reasons for Being Honorably Excused from Full-Time Missionary Service

Explain why you are honorably excused from serving a full-time proselyting mission

Honorably excused from full-time proselyting service by:

Priesthood leader If so, name and position \_\_\_\_\_

Missionary Department

### Limitations or Concerns

Describe any limitations, need for supervision, self-care needs, or concerns in other areas such as interpersonal skills

Describe transportation arrangements (indicate if you are near to and can take public transportation or if family members are able to provide transportation)

### Other Comments

Provide any other helpful information such as needs for family support, medical problems, and so forth

### Suggested Assignments

List any suggestions or desired service opportunities for potential young Church-service missionary assignments

# Young Church-Service Missionary Recommendation Form—continued

Name (first, middle, last)

## Agreement and Signatures

I understand that, if called, I will not be a Church employee and that I will not be eligible for and will not receive monetary compensation or other employment benefits in connection with my service. I also understand that the Church does not provide young Church-service missionaries with medical insurance coverage or transportation to and from assignments. I understand that I am entirely responsible for my own medical expenses, including medical insurance coverage, dental and vision expenses, and prescription drugs.

or mission president will provide evaluations of my qualifications to serve as a young Church-service missionary. I understand that these evaluations are strictly confidential, and I hereby waive any right of access to these evaluations.

I also authorize The Church of Jesus Christ of Latter-day Saints and its affiliated entities to collect, process, and transfer to other countries my personal information as may be required for Church purposes and in accordance with the Church's records management and confidentiality policies.

I hereby authorize the Church-Service Missionary Office or local Church-Service Missionary group coordinators and priesthood leaders to share the above medical information with the management of the department(s) where I will serve.

For areas outside of the United States of America, I understand that, to the extent any such policies may be unique because of local law, those policies may be found publicly posted in local Church meetinghouses.

I understand that my bishop or branch president and my stake

Signature of missionary	Date
Signature of parent or guardian	Date

## Mission Assignment

Name(s) of department(s) or organization(s)	Name(s) of supervisor(s)
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Start date	Length of service					
	<input type="checkbox"/> 6 months <input type="checkbox"/> 12 months <input type="checkbox"/> 18 months <input type="checkbox"/> 24 months <input type="checkbox"/> Other: _____					
	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday
Location						
Location						
Location						

**Bishop's or Branch President's Recommendation and Signature** By signing this form, you are certifying that the applicant is worthy to hold a temple recommend and is capable and qualified to serve as a young Church-service missionary.

Name of bishop or branch president		Ward or branch name	Unit number
Home address		City	State or province
Home phone (with area code)	Work phone (with area code)	Cell phone (with area code)	Email address
Comments			

Signature of bishop or branch president	Date	Candidate's membership record is annotated
		<input type="checkbox"/> No <input type="checkbox"/> Yes

**Stake or Mission President's Recommendation and Signature** By signing this form, you are certifying that the applicant is worthy to hold a temple recommend and is capable and qualified to serve as a young Church-service missionary.

Name of stake or mission president		Stake or mission name	Unit number
Home address		City	State or province
Home phone (with area code)	Work phone (with area code)	Cell phone (with area code)	Email address
Comments			

Signature of stake or mission president	Date	Candidate's membership record is annotated
		<input type="checkbox"/> No <input type="checkbox"/> Yes