

**Recommendation for Part-Time Church-Service Family History Missionary**

Elder & Sister Schmidt  
2440 South Camino Real  
Washington, Utah 84780-8292

To the prospective missionary. Complete this form after talking with a director of the St. George Family History Center (355 S. 200 E, St. George, Utah). Then schedule an interview, first with your bishop, and then your stake president to obtain the required signatures. The completed application is mailed to the address at the left. For questions, call the center at 435-673-4591.

**Personal Information** Please note. Family History Missionaries in St. George, Utah serve a minimum of 18 months and 16 hours per week. Volunteers may serve for a shorter period.

Name (last, first, middle)	Referred by
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Home address (street and number, city, state or province, postal code)

Birth date (month/day/year)	Sex <input type="checkbox"/> Male <input type="checkbox"/> Female	Marital status <input type="checkbox"/> Married <input type="checkbox"/> Single	Ages(s) of dependent(s) living at home
Home phone (with area code)	Work phone (with area code)	Cellular phone (with area code)	E-mail

Explain any work, travel, or family conditions that might affect your commitment to part-time missionary service

Name of person to notify in case of emergency	Relationship	Home phone (with area code)
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**Assignment Requested** The information for this section should be obtained from a center director. (check all that apply)

Position number (required)	Job title	Center director contacted Organization <b>St. George Family History Center</b>
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Start date	Length of service (Also, please note any prolonged periods you would be <b>unable</b> to serve.) <input type="checkbox"/> 18 months <input type="checkbox"/> 24 months <input type="checkbox"/> 30 months Other:
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Preferred area of assignment at center (check all that apply)		<input type="checkbox"/> Class instructor	<input type="checkbox"/> Facilities maintenance	<input type="checkbox"/> Indexing services for books and films
<input type="checkbox"/> Serve anywhere needed	<input type="checkbox"/> Guest services and front desk	<input type="checkbox"/> Computer maintenance	<input type="checkbox"/> Sharing services with other centers	Other:
<input type="checkbox"/> Assist patrons in genealogy	<input type="checkbox"/> Lesson development	<input type="checkbox"/> Website development	<input type="checkbox"/> Librarian services	

**Availability** Minimum of 16 hours per week or other with director approval. Hours available to serve per week.  16 hours  20 hours  24 hours  32 hours Other \_\_\_\_\_

Daily Shift Availability	Sunday	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday
9:00 am - 1:00 pm	Not open	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
1:00 pm - 5:00 pm	Not open	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
5:00 pm - 9:00 pm	Not open	Not open	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	Not open

Please note that some areas of service have hours different than the four-hour shifts. These include lesson development, computer maintenance and others. Available for irregular hours  Yes

**Education and Skills** (check all that apply)

Education <input type="checkbox"/> High school <input type="checkbox"/> College	Computer skills <input type="checkbox"/> Personal <input type="checkbox"/> Professional <input type="checkbox"/> Technical <input type="checkbox"/> Word proc. <input type="checkbox"/> Slide show <input type="checkbox"/> Audio/Video <input type="checkbox"/> Internet <input type="checkbox"/> Website development <input type="checkbox"/> Computer maintenance Other	Genealogy skills <input type="checkbox"/> Personal <input type="checkbox"/> Professional <input type="checkbox"/> College trained Years of experience ____ doing what? Speciality area(s)
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Areas of interest, professional skills, abilities, hobbies

Foreign language(s) Indicate (N) native speaker, (S) spoken, (R) read, (W) write (example: Spanish NRW)

**Employment History** List employers and positions held.

**Church Information**

Ward or branch	Name of bishop or branch president
Stake or mission	Name of stake or mission president
Church positions held	

Present Church calling(s)	Membership record number
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Served a mission before  
 Yes  No When and where.

Served a Family History mission before.  
 Yes  No Where and how long.

**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	Currently covered by medical insurance <input type="checkbox"/> Yes <input type="checkbox"/> No
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Do you now have or have you ever had any of the following:

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|---|--|
| 1. Back injury or back problems <input type="checkbox"/> Yes <input type="checkbox"/> No                  | 7. Currently taking medication of any type <input type="checkbox"/> Yes <input type="checkbox"/> No  |
| 2. Heart disease or heart trouble <input type="checkbox"/> Yes <input type="checkbox"/> No                | 8. Visited a doctor in the last five years <input type="checkbox"/> Yes <input type="checkbox"/> No  |
| 3. Epileptic seizures, convulsions, or paralysis <input type="checkbox"/> Yes <input type="checkbox"/> No | 9. Physical or medical impairments or disabilities that should be considered in reviewing your qualifications for an assignment with the Church <input type="checkbox"/> Yes <input type="checkbox"/> No |
| 4. Dizziness or fainting spells <input type="checkbox"/> Yes <input type="checkbox"/> No                  |  |
| 5. Hernia <input type="checkbox"/> Yes <input type="checkbox"/> No  |  |
| 6. Deformity, amputation, or physical disability <input type="checkbox"/> Yes <input type="checkbox"/> No |  |

If the answer is "Yes" to any of the above, give the details of each in the "Comments" section below (use an additional sheet or paper if necessary)

Comments

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**Agreements and Signature of Prospective Church-Service Missionary**

I understand that, if called, I will not be a Church employee. Therefore, I will not be covered by workers' compensation insurance. I must provide my own medical insurance for any type of illness or injury, including those that may occur during my service. I authorize the Church-Service Missionary Office to share the above medical information with the management of the department where I will serve.

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

Comments

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Signature of bishop or branch president	Ward or branch unit number	Date	
Home address (street and number, city, state or province, postal code)			
Home phone (with area code)	Work phone (with area code)	Cellular phone (with area code)	E-mail

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

Comments

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Signature of stake or mission president	Stake or mission unit number	Date	
Home address (street and number, city, state or province, postal code)			
Home phone (with area code)	Work phone (with area code)	Cellular phone (with area code)	E-mail