



Street Pastors Reference Form



Applicant Name

Date

CONFIDENTIAL REFERENCE FORM

Name

Address

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Telephone No. Mobile No.

Email Address

What is your relationship to the applicant?

How long have you known the applicant?

How long has the applicant been attending your Church?

Please comment briefly on His/Her spiritual growth and development

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Do you recommend the applicant for the Street Pastor Ministry, if Yes, Why, if No, Why

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Street Pastors Reference Form Cont.

How do you expect the applicant to benefit from the Street Pastor Ministry, and consequently your Church and the Local Community?

Please comment on the applicant's spiritual development (strengths, weakness, ability to work as part of a team as well as own initiative) and any other information which you feel would be helpful.

[illegible]

Would you be happy if any or all of the above information was shared with the applicant?

YES _____ NO _____

Please return this form directly to your local Area Coordinator.

Mail to:
Tel:
Email: