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Contact Details:

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PASTORAL REFERENCE

THIS RECOMMENDATION IS VERY SERIOUS & WE VALUE YOUR INPUT AS A SPIRITUAL LEADER, PLEASE READ EVERYTHING BELOW & ANSWER. PLEASE NOTE: THIS RECOMMENDATION WILL NOT BE COUNTED COMPLETE WITHOUT EVERY FIELD BEING ANSWERED

the Faith Missions office. If your pare understand that this confidential state that its contents will not be shared wi	rm: This form must be comple ent or close relative is your pas ment is being submitted directl th me.	eted by your pastor and returned by him or stor, please refer the form to the assistant p ly to the Faith Missions Office with the un	pastor or elder. I
Applicant's Signature	Date		
carefully and in privacy. Since we rec	uest a candid evaluation, we want to the app	storal recommendation. Please complete twill hold your comments in the strictest colicant but returned directly to the Faith cons.com	onfidence.
1. How long have you known the app	licant? year(s)	month(s)	
2. How would you describe your relat	cionship? very close close dista	ant other (PLEASE EXPLAIN)	
3. In what area(s) of the Ministry or H	Helps is the applicant involved	?	
Leadership Ability: [Excel Submissiveness to Authority: [Excel Ability to Teach: [Excel Servant's Attitude: [Excel Motivated: [Excel People Skills: [Excel 5. Please list the attributes which best Relationship with Jesus: [Excellent of the International Content of the Internati	lent] [Good] [Average] [Polent] [Good] [Average] [Poor]	Poor] [Unknown] Poor] [Unknown] Poor] [Unknown] Poor] [Unknown] oor] [Unknown] de toward spiritual matters.] [Unknown]] [Unknown]] [Unknown]	ife?
7. Have you known the applicant to e	ngage in any immoral actions o	or questionable behaviour? If so, please e	xplain
8. Do you personally recommend the	applicant to attend the Missior	ns Trip? Yes No If No, please explain	
9. Do you know the individual to hav	e any mental illness of any kin	nd? Yes No If yes please explain	
Your Name (Please Print)	Your Signature		
Relationship to Applicant	Contact Pho	one Number	