

PASTOR/CHURCH LEADER REFERENCE FORM

Dear Pastor/Church Leader:

This is a confidential questionnaire to learn your perceptions of the person named below as a candidate for Ethnic Ministry Leadership training at Carey Baptist College. We value your input and thank you for your time.

Please answer each question as completely as possible and return the form to: ministrytraining@carey.ac.nz or post to: Wendy Budge, Programme Coordinator Ministry Training Carey Baptist College, PO Box 12149, Penrose, Auckland 1642.

APPLICANT'S NAME

1. How long have you known the applicant?
 2. Pastor/church leader: Do you support this application? Yes No
 3. Church: Is this applicant well regarded in the church? Yes No
- Comments:

4. Please provide any further information or comments that you feel necessary we know.

Your Name

Church

Your Role

Address

Mobile Phone

E-mail

Signature

Date