



Pastoral Reference

This form must be completed by a pastor or church leader and may not be completed by an immediate family member (spouse, parent, sibling, etc.)

I, _____, wish to be considered as a Valley Christian Center Ministry Team Member for the following trip:

Destination (City, Country)

Dates of Trip (Month/Days/Year)

I give my full consent that (Name of Reference) _____ completes this Pastoral Reference and releases it to Valley Christian Center. *By entering my information below, I am electronically signing this agreement, which has the same authority as my original signature.*

Applicant's Signature

Email

Date

Dear Pastor/Church Leader,

The applicant above has applied to be on a Valley Christian Center Ministry Team. We take seriously our responsibility toward those to whom we minister, both here and abroad. Therefore, Valley Christian Center greatly appreciates your supplying the information requested on this form. **Please return this form directly to our office upon completion.** Thank you!

How long have you been acquainted with the applicant? _____

In which area(s) of church life has the applicant served, and in which area(s) is he/she currently serving?

Please comment briefly on the family and social background of the applicant.

Please describe any physical limitations that the applicant may have.

By entering my information below, I am electronically signing this agreement, which has the same authority as my original signature.

Email: _____

Reference Name (include title): _____

Address: _____ Phone: _____

Reference's Signature: _____ Date: _____

PLEASE MAIL DIRECTLY TO: Valley Christian Center, 577 Scrael Hill Rd NE, Albany, OR 97322

Phone: (541) 967-8712 FAX: (541) 967-6120 Email: office@vccalbany.com