

## **Personal Reference**

This form may not be completed by an immediate family member (spouse, parent, sibling, etc.)			
l,	, wish to be considere	ed as a Valley Christian	Center Ministry
Team Member for the following trip:			
Destination (City, Country)	Destination (City, Country)  Dates of Trip (Month/Day		 s/Year)
I give my full consent that (Name of Reference)			completes this
Pastoral Reference and releases it to Valley Christia			ı, I am
electronically signing this agreement, which has the	e same authority as m	y original signature.	
Applicant's Signature	Email		Date
Dear Friend of Applicant,			
The applicant above has applied to be on a Valley Cresponsibility toward those to whom we minister, lappreciates your supplying the information reques upon completion. Thank you!	both here and abroad	l. Therefore, Valley Chr	istian Center greatly
How long have you been acquainted with the appli	cant?		
In which area(s) of church life has the applicant ser	ved, and in which are	a(s) is he/she currently	serving?
Please comment briefly on the family and social ba	ckground of the appli	cant.	
Please describe any physical limitations that the ap	plicant may have.		
By entering my information below, I am electronimy original signature.  Email:			same authority as
Reference Name:			_
Address:			<del></del>
Reference's Signature:		Date:	

PLEASE MAIL DIRECTLY TO: Valley Christian Center, 577 Scravel Hill Rd NE, Albany, OR 97322 Phone: (541) 967-8712 FAX: (541) 967-6120 Email: office@vccalbany.com