7/08

REFERENCES FOR PERSONAL RATING

Full Connection

Return by November 1 Print or Type

Please add title to names (Dr., Rev., Mrs., Ms., Miss)

Reference for_____ Date_____

1. District Superintendent
   Name:_____
   (under whom presently assigned)
   Address:_____
   No. and Street City State Zip

2. District Superintendent:
   Name:_____
   (under whom you worked last year)
   Address:_____
   No. and Street City State Zip

3. Senior Pastor or Supervisor: Name:_____
   (under whom you have worked while commissioned)
   Address:_____
   No. and Street City State Zip

4. Chairperson PPRC:
   Name:_____

   Address:_____
   No. and Street City State Zip

5. Chairperson COM or Ad. Bd.: Name:_____

   Address:_____
   No. and Street City State Zip

6. Chairperson: Name:_____
   (of committee to which you are assigned in Local Church, District, or Conference)
   Address:_____
   No. and Street City State Zip

7. Counseling Elder: Name:_____

   Address:_____

8. One other Elder: Name: _____

Address: _____
No. and Street City State Zip

9. Six Additional References:

Name: _____

Address: _____
No. and Street City State Zip

Name: _____

Address: _____
No. and Street City State Zip

Name: _____

Address. _____
No. and Street City State Zip

Name: _____

Address: _____
No. and Street City State Zip

Name: _____

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Address: _____
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