

REFERENCE FORM

Applicant to Complete This Section

Applicant name: _____

Applicant phone number and email: _____

Circle the program you are interested in joining?

Worship Pastoral Fellowship Social Justice Learning

Reference Author to Complete this section

Name : _____

Phone number and email: _____

1) For how long and in what capacity have you known the applicant:

2) What personal gifts would this applicant contribute to the Associate Program for which she/he is applying?

3) Do you have any hesitation about recommending (insert name) to serve with this Associate Program?

NOTE: this document is in WORD.doc format and may be downloaded, completed on your computer, and emailed back to sharedministry@southchurch-uu.org. If handwritten, please, print your name, address, phone number and email address and return it to a Shared Ministry member (Martha Cunningham, Rebecca Blake, Alice O'Traynor, Marty Waldron) or Jen Leyden, Congregational Administrator. This form may also be mailed to: Shared Ministry Committee, 73 Court Street, Portsmouth, NH 03801.