



Briefly describe your participation at this church:

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7. ADULTS WHO WILL BE PROVIDING REFERENCES:

1. PASTOR: Name \_\_\_\_\_  
Address \_\_\_\_\_  
City, State, Zip \_\_\_\_\_

2. OTHER: Name \_\_\_\_\_  
Address \_\_\_\_\_  
City, State, Zip \_\_\_\_\_

*(NOTE: The reference form and letter of reference must be mailed in separately by the individual giving the reference, not the applicant)*

8. PROVIDE ANY OTHER ADDITIONAL INFORMATION YOU BELIEVE MIGHT BE HELPFUL TO THE COMMITTEE:

Signature \_\_\_\_\_

Please Complete and Return to:  
**Shenandoah District Center**  
P.O. Box 7165  
Roanoke, VA 24019