



Christian Reformed Church
**Chaplaincy and
Care Ministry**

LETTER OF REFERENCE FROM:

**Mail to: Chaplaincy & Care Ministry
1700 28th St SE
Grand Rapids, MI 49508-1407**

- Present church pastor, board member, council member
- Past church pastor, board member, council member, or seminary professor
- Vocational supervisor/mentor (CPE educator, internship supervisor, chaplain)

chaplaincy@crcna.org

_____ is seeking our endorsement to serve as a chaplain and gave your name as a reference. Please complete this form or provide us with your own letter of reference. Please consider the following questions as you prepare your response:

I waive my rights to see this material _____
signature of chaplaincy candidate

How long and in what capacity you have known this candidate:

Candidate's pastoral sensitivity:

Candidate's gifts for ministry:

Candidate's weak points and growing edges:

Candidate's ability to learn from experience:

On the back of this page please make any additional remarks that would be helpful to us in determining the candidate's eligibility for endorsement. Thank you for your assistance.

Name

Signature

Date

Email

Phone Number

Any other remarks you may wish to add: