



LETTER OF REFERENCE FROM:

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

- Previous Church
 Present Church
 Peer

_____ is seeking our endorsement to serve as a chaplain and gave your name as a reference. At your earliest convenience would you kindly either complete this form or provide us with your own letter of reference for this chaplain candidate? Please consider the following kinds of themes as you prepare your response:

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

CANDIDATE'S PASTORAL SENSITIVITY:

CANDIDATE'S ABILITY TO REFLECT ON AND LEARN FROM EXPERIENCE:

WHAT ARE THE APPLICANTS GIFTS FOR MINISTRY:

IDENTIFY CANDIDATE'S WEAK POINTS AND GROWING EDGES:

HOW LONG HAVE YOU KNOWN THE APPLICANT AND IN WHAT CAPACITY:

Please feel free to make any additional remarks on the back of this page which you judge would be helpful to us in determining the candidate's eligibility for endorsement. Many thanks for your assistance.

Printed name

Signature

Date

Any other remarks you may wish to add: