

Pastoral Reference Form

**** CONFIDENTIAL ****

Instructions to Participant: Fill in your name, the country and project number. Please detach this page and give to your pastor. Make sure you fill in your information BEFORE you give it to your pastor.

Instructions to Pastor: Please complete a separate form for every individual on the STM team and return to CBM. Please do not give the form back to the participant. The information you provide is confidential and will only be reviewed by the STM department.

Mail to:
 CBM
 Attention: STM Department
 7185 Millcreek Drive
 Mississauga, ON L5N 5R4

Pastor's Name: _____ Date: _____
 Home #: _____ Work #: _____ E-mail: _____
 Name of Participant: _____ Sending Church: _____
 Project Country: _____ Project Number: _____

How long have you known the participant? _____	Low	High
Would the participant be likely to cooperate willingly with others?	1 2 3 4 5	
Could this participant initiate a difficult task and carry it through to completion?	1 2 3 4 5	
How is the participant's respect and concern for others?	1 2 3 4 5	
How is the participant's adaptability and flexibility?	1 2 3 4 5	
Rate the participant's positivity.	1 2 3 4 5	
Rate the participant's leadership ability.	1 2 3 4 5	

Other comments: Do you know of any reason possibly relating to personality, Christian experience or family circumstances which would make this participant unsuitable for a short-term mission trip? If yes, please attach a separate sheet with your explanation.

If you fully support the participant in this project, please sign and date here:

 Signature Date