PERSONAL AND PROFESSIONAL REFERENCES LIST

Name of Candidate:		Date:		
PERSONAL AND PROFESSIONAL All Recommendation Forms will be ser references. If names and addresses are i you collect in order to obtain any missing	nt via email. List all four reforcemplete, including zip cod-	erences, please do not	use family members as	
Most Recent Local Pastor: If you pastor, preferably the one who knows yo the ordained clergy. If your most recent than your parent or close relative. Name:	ou best and could best comme	nt on your potential for	service as a member of	
Address:	City:	State:	Zip:	
E-mail Address:				
If you are now serving or have a your work well: Name:	recently served a churcl	h, name a parishio	ner who knows	
Address:	City:	State:	Zip:	
E-mail Address:				
List the address of one colleague Name:	e who knows you well:			
Address:	City:	State:	Zip:	
E-mail Address:				
List at least one additional reference:	ence of your own choos	sing:		
Address:	City:	State:	Zip:	
E-mail Address:				
Any explanatory comment you we	ould care to give about an	y of the above perso	ons and their	

INSTRUCTIONS. TO THE APPLICANT:

relationship to you would be welcomed. However, none is required.

It is your responsibility to contact the persons you have named above as REFERENCES advising them that they will be receiving a RECOMMENDATION FORM from Rev. Ben Burnside at the Texas Annual Conference Office and should return the completed form immediately.

Follow up with your REFERENCES two weeks after Candidacy Summit to confirm that they have received the form, have completed the form, and have returned it by email to Rev. Ben Burnside@txcumc.org.

The RECOMMENDATION FORMS are a necessary part of the assessment process and your file cannot be processed until these completed forms have been returned. It is the candidate's responsibility to see that the recommendation forms are returned to Rev. Burnside bburnside@txcumc.org.