



Candidate Referral Form

Referrer's Name & Phone _____

Candidate's Name _____

Current Congregation/Ministry _____ City _____ State _____

Phone (Optional) _____

How did you hear about this person? _____

Do you personally know this individual? Yes No

If yes, please summarize why you feel this individual would be a strong candidate for our congregation:

As far as you know, has this individual expressed an interest in the position at our congregation?

Yes No

Have you or someone you know had discussions with this individual about the position at our congregation?

Yes No

If yes, please summarize the information shared during your discussion. (optional)

NOTE: Once your referral is made, please support the confidentiality and integrity of the call process by allowing the call committee and synod to have exclusive contact with the candidate for any matters related to our congregational call. Thank you for your support.