

## Reference Names

[For Provisional Membership]

Candidate's Name \_\_\_\_\_

1. One of the following: If serving on a church staff: Senior Pastor. If serving as Pastor: SPR  
Chairperson. If serving in Special Appointment: Person who oversees your work.

Name: \_\_\_\_\_

Address: \_\_\_\_\_

\_\_\_\_\_ E mail \_\_\_\_\_

2. Mentor Pastor from Candidacy Studies.

Name: \_\_\_\_\_

Address \_\_\_\_\_

\_\_\_\_\_ E mail \_\_\_\_\_

3. Reference of your choice.

Name: \_\_\_\_\_

Address: \_\_\_\_\_

\_\_\_\_\_ E mail \_\_\_\_\_

4. Field instructor from Seminary Internship experience .

Name: \_\_\_\_\_

Address: \_\_\_\_\_

\_\_\_\_\_ Email \_\_\_\_\_

5. Lay person from your ministry setting..

Name: \_\_\_\_\_

Address: \_\_\_\_\_

\_\_\_\_\_ Email \_\_\_\_\_

6. District Superintendent.

Name \_\_\_\_\_

Address: \_\_\_\_\_

\_\_\_\_\_ Email \_\_\_\_\_

These names must be submitted to the BOM File Administrator by **November 1**. The BOM File Administrator will send recommendation forms to your references.

**Mail or Fax To:**

Rev. Duane VanGiesen

File Administrator - BOM

P.O. Box 866128

Plano, Texas 75086-61281

Email: [vangiesen@ntcumc](mailto:vangiesen@ntcumc)

FAX: 972-526-5047

Phone: 972-526-5046

Name of Candidate: \_\_\_\_\_

- \_\_\_\_ I **waive** the right to read my letters of reference.
- \_\_\_\_ I **do not waive** the right to read my letters of reference.

Signed: \_\_\_\_\_ Date: \_\_\_\_\_