



## Church Reference Form for Restore 6:34

*This reference form is to be completed by a Pastor, Sunday School Teacher, or Small Group Leader. Please answer the following questions carefully by circling, checking the circle, or filling in the blank.*

The individual \_\_\_\_\_ is being trained to serve in the Restore 6:34 ministry. This individual will work alongside women who are struggling with addiction and who are or have been incarcerated. Due to the integrality and vulnerability of this ministry it is vital that we have a confidential reference form completed and mailed to the attention of Restore 6:34.

The individual completing this form is:

- Pastor
- Sunday School Teacher
- Small Group Leader

How long have you known this person? \_\_\_\_\_

How regularly does he/she attend church?

- Faithfully
- Frequently
- Infrequently
- Rarely

Is he/she inclined to:

	Yes	No	Not Observed
receive instruction?			
yield to those in authority?			
ask for help when needed?			
cooperate with others?			
depend on the Holy Spirit?			
have concern for others?			

What are the first words that come to your mind when describing this person?

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Have you any reason, whatsoever, for lack of confidence in this individual? Yes No

If so, please explain

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Based on your interaction with this individual would you recommend him or her with:

- Confidence
- Reservation
- Not Recommended

Signature	
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**Church Reference Form for  
Restore 6:34**

Printed Name	
Title	
Date	
Name of Church	
Phone number	

***Thank you for your time and honesty completing this confidential evaluation.***

Please send the completed form to:

Restore 6:34  
P.O. Box 1112  
Lafayette, GA 30728

If you have any further questions regarding this form please email [restore634@gmail.com](mailto:restore634@gmail.com) or call 706-705-9834