

Mexico Mission Referral Form

Applicant's Name: _____

Name of Person Giving Referral: _____

Referral's Title or Relationship to applicant: _____

Reference Address: _____

Referral's Phone Number: _____

Best Time to Contact (day/evening): _____

The above applicant has given your name as a referral for a mission trip to Mexico City sponsored by Renewal Ministries. It is important that participants in this mission are mature and responsible, work well with others and can adjust to a variety of conditions.

The task of selecting the right team members for the mission trip is critical to the quality of the experience for both the team members and those we will serve. Your following signature states your confidence in this applicant and your willingness to be contacting for more information regarding the candidate if necessary. Thank you.

Printed Name

Signature

Date