

Pastor's Recommendation Form

Volunteer Candidate:

Full Name (please print): _____

Home Address: _____ Zipcode: _____

Daytime Phone No. _____ Evening Phone No. _____

Care Facility Where I Wish to Volunteer: _____

Address of Facility: _____ Zipcode: _____

Phone Number of Facility: _____ Activity Director's Name: _____

Activities I Wish to Volunteer for: _____

Hours I Anticipate Being Available Each Month: _____

Candidate's Signature: _____ Date _____

Dear Activity Director,

I have been the Pastor of _____

for _____ yrs. / mos. (circle one). I attest to their participation in good standing within the fellowship of our local congregation. In my opinion, this person would be a satisfactory candidate for volunteering at your facility for the above mentioned activities for the hours each month as indicated.

Pastor's Full Name (please print): _____

Ordained / Licensed (Circle one) by Whom? _____

Church Name: _____

Church Address: _____ Zipcode: _____

Phone Number (s): _____

Pastor's Signature: _____ Date: _____

Notes: