

Date _____

I, _____, hereby authorize and request that North Central Ministry Development Center contact the person(s) named below in order to request input for my candidacy assessment. As you make your selection, keep in mind that they need to be someone who knows you, who is familiar with your occupational and personal strengths, your limitations and growth edges, and has a sense of your direction of growth and development for the future. Because the information is for your professional growth, please select someone who will be objective in giving feedback, both positive and negative. Please do not use family members or friends. If you are serving in the local church, it is recommended that you choose one of each: a supervisor, a peer, and a congregational member.

Name: _____

Address: _____

Name: _____

Address: _____

Name: _____

Address: _____

I expressly understand and agree that no liability of any nature shall attach to the Center or to its staff in acting upon this request.

Signed: _____