



Ghana Initiative

# Ghana Initiative Medical Missions

Pastoral Reference Form

**TO THE APPLICANT:**

This form should be given to your pastor. Your pastor should complete this form and return it directly to you to be included with your application or they may mail it to:

*Ghana Initiative, PO Box 122, Mount Joy, PA 17552.* Please fill in your name and address below.

Applicant's Name \_\_\_\_\_ Phone: \_\_\_\_\_

Address: \_\_\_\_\_ City, State, Zip: \_\_\_\_\_

**TO THE REFERENCE:**

The person named above is applying to participate in a humanitarian/medical mission trip through the Ghana Initiative. If selected, he/she will work with a team of doctors, nurses and other volunteers in a mobile medical unit in various parts of Ghana, West Africa. The teams will work together for approximately 10 days. Please answer the following questions regarding the applicant to the best of your ability. Your input is greatly appreciated.

Pastor's Name: \_\_\_\_\_ Church: \_\_\_\_\_

Address: \_\_\_\_\_ City, State, Zip: \_\_\_\_\_

E-mail: \_\_\_\_\_ Phone: \_\_\_\_\_

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

Please describe how the applicant performs as a member of a team. How do they interact with others?

---

---

---

Is the applicant willing to try new things, open to serve with new people and work outside of their comfort zone?

Please explain times they may have done this while attending your church.

---

---

---

Would you have any reservation in recommending the applicant to participate on a Ghana Initiative Mission Team to Ghana, West Africa? Why or why not?

---

---

---

Reference Signature: \_\_\_\_\_ Date: \_\_\_\_\_