

# REFERENCE FORM

## HospitalityHomes.org

PO Box 415 Mariposa, CA. 95338 ~ Phone (209) 966-2998 (800) 463-8090 ~ Fax (201)347-8581

E-mail: <mailto:rest@hospitalityhomes.org>: Website: [hospitalityhomes.org](http://hospitalityhomes.org)

Please have your Pastor, Ministry Director or Supervisor fill out, print and sign this form. After it is filled out and signed (Pastors may have Church Board member sign), please FAX, mail or scan-&-email to us.

Dear Pastor, Ministry Director or Supervisor,

You are requested to act as a reference for an applicant who has requested to be a guest of HOSPITALITYHOMES.ORG, in one of our Hospitality Homes.

Through its Hospitality Homes Network, HOSPITALITYHOMES.ORG provides places of rest and restoration for Christian pastors, clergy, missionaries, evangelists, chaplains, ministry directors, and other full-time Christian workers who are involved in spreading the Kingdom of God on earth. Our ministry offers a time for new beginnings, a time of rest, and a break from spiritual warfare. Thus, we encourage Christian workers to have a time of physical rest and spiritual renewal.

### Our purpose is:

- To help and encourage Workers who get worn out from the demands that ministering to a hurting world places on them.
- To rekindle the calling of Hospitality in the Church by teaching about and encouraging Hospitality as a gift of the Holy Spirit given for ministry. In sharing their homes with others, individuals and families can play a major role in affecting the world for Christ.
- Most people in ministry are givers, and a time of rest is their chance to receive hospitality. It's a healthy way to "Come away by yourselves to a quiet place and rest awhile." Mark 6:31

### WOULD YOU PLEASE PROVIDE THE FOLLOWING INFORMATION:

1. Name of applicant:
2. What is the applicant's full-time involvement in your church or organization?
3. How do you feel that our stated purposes can meet a need for the applicant?

### YOUR CONTACT INFORMATION

Name of Ministry or Church:

Web Address:

Your Name

Your Title:

Phone:

Email:

Address of Organization:

*City/State/Zip*

Signature

Date Signed: