Adult Mission Trip to Ukraine Spiritual Father Reference



This form is confidential and should be placed in a sealed envelope by the Spiritual Father and sent directly to the Consistory Office of Christian Caregiving. The applicant will not be considered for the trip unless this form is completed and returned. Applications for acceptance are processed in the order they are received. You may fill out the form in Ukrainian. This form must be received within two weeks of its receipt.

Date:	
Applicant Name:	
Spiritual Father:	
Parish Name and City:	
Spiritual Father Phone Number:	
Please fill out completely to the best of your abilit	ty.
Does the applicant attend church regularly? Yes _	No
Does the applicant partake of the Sacraments of H and Holy Communion regularly? Yes No	•
Please indicate parish activities in which the appli	cant is involved:
Church School Teacher Church Choir/Cantor Ladies Organization Men's Organization Ukrainian Orthodox League Kitchen Worker Adult Religious Education	Please list any other activities:

Please state why you believe this applicant would be an asset to this missionary team.

Please state why you think this applicant would benefit spiritually from this trip.	
Please state any concerns you may have with this applicant being accepted to this trip.	
Comment on the applicant's moral/Christian behavior.	
Comment on how the person interacts with others/cooperation.	
Do you recommend that the applicant be accepted for this trip? Yes No	
Signature: Date:	