

REFERRAL INFORMATION

PLEASE TYPE OR PRINT NEATLY. FILL OUT THIS FORM IN ITS ENTIRETY AND RETURN FOR CIRCULATION

DATE: _____

NAME OF CHURCH _____

ADDRESS _____

CITY/STATE/ZIP _____

CHURCH PHONE: _____ FAX: _____

E-MAIL: _____ WEB ADDRESS: _____

POSITION OF MINISTRY TO BE FILLED

Full-time ___ Part-time ___ Other _____

Preaching ___ Associate ___ Youth ___ Music ___ Christian Education ___ Secretary ___

Other (please be specific) _____

BIBLE COLLEGE AND/OR SEMINARY EDUCATION PREFERRED

Student: College student ___ / College OR Seminary student ___ / Seminary student _____

Graduate: College graduate ___ / College OR Seminary graduate ___ / Seminary graduate _____

How many years of previous **experience** desired in a potential candidate? _____

PERTINENT FACTS

Congregation Size: Total Membership _____ Total Worship Attendance _____

Sunday School and Service Times: _____

Location: City ___ Suburb ___ Town ___ Village ___ Rural ___ **Population:** _____

Salary Information: Salary Range _____
(Note: If part-time position, indicate if wage is per week or month)

Other Benefits _____

Parsonage Included? Yes ___ No ___ If yes, number of bedrooms? _____

Will church allow candidate to **continue education**? Yes ___ No ___

PLEASE NOTE: By filling out this form and returning it to Church Ministries Office at LCU, you are authorizing them to release this information upon request to interested candidates and to post this on their web site. (<http://www.lincolnchristian.edu>)

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RESUMES SHOULD BE SENT TO

Name _____

Address _____

City/State/Zip _____

Telephone: Daytime (_____) _____ Evening (_____) _____

E-Mail: _____

OTHER PERTINENT INFORMATION YOU WOULD LIKE KNOWN ABOUT THIS POSITION:

**FOR PUBLICATION OF THIS INFORMATION,
FILL OUT THIS FORM AND RETURN TO:**

**LINCOLN CHRISTIAN UNIVERSITY
ATTN: CHURCH MINISTRIES ASSISTANT
100 CAMPUS VIEW DRIVE
LINCOLN, IL 62656**

PHONE: 217-732-3168, EXT. 2255

FAX: 217-732-4078

E-MAIL: churchmin@lincolnchristian.edu

WEB: <http://www.lincolnchristian.edu>