

Reference for Full Membership in Vernon Christian School Society

TO BE COMPLETED BY A PASTOR, ELDER, DEACON, OR OTHER CHURCH-APPROVED LEADER WHO CAN SPEAK TO THE CHARACTER(S) OF THE FAMILY NAMED

The couple or individual named below has applied for full membership in the VERNON CHRISTIAN SCHOOL SOCIETY. As full membership allows this family/person a vote at our annual general meetings, and encourages involvement in school leadership, we ask that you comment below on the character and involvement of these persons in your church.

Reference for: _____
Family Name

1. Comment briefly on the family's or individual's participation in your church community (e.g. program participation, church attendance).

2. If possible, please comment on your knowledge of the family's or individual's spiritual walk in life.

3. Please provide any other information that would be helpful or relevant to us.

Name of Pastor/Elder/Deacon/other _____

Position _____

at _____
Church name, location, and denomination

Signature _____ Date _____

Please return this completed form in person, by fax, mail or email to:

Admissions Office
Vernon Christian School
6890 Pleasant Valley Road
Vernon, BC V1B 3R5
Phone: 250-545-7345 ext. 14
Fax: 250-545-0254
Email: admissions@vcs.ca