



**The School of Theology
of the Primitive Methodist Church**

[6-2006]

Permission to Contact References

Application Package (Local Preacher)

Signature: I acknowledge the right of, and grant permission to, the Primitive Methodist Church in the USA to fully examine and check any pertinent information about those applying for a Local Preacher's License or a Deaconess License within their Conference. I hereby grant permission to the School of Theology to gather and confirm references for and about myself. I further grant them permission to ask any references that I supply to suggest secondary references, and to contact these secondary references in regard to a recommendation about my qualifications, temperament and abilities to serve as a pastor in this denomination. I hereby authorize the references and secondary references to disclose whatever information they may have regarding my character and fitness for the position for which I have applied. Thus, I waive any rights of confidentiality, am fully aware of the contents of this application, and freely consent and sign it under no duress or coercion.

Signature

Date

I have asked the following to act as a reference:

Church-Related

Name, address and telephone number:

Work-Related

Name, address and telephone number:

Community-Related

Name, address and telephone number: