

LETTER NETWORK MENTOR APPLICATION

Surname: _____ Name: _____

Address: _____

Cell Phone: _____ E-mail: _____

Name of the church you attend: _____

Address of church: _____

Telephone of church: _____

Name of your pastor: _____

Please describe why you would like to participate in the Letter Network programme:

To complete this application process you must also submit two personal and one pastoral reference forms. Your application will not be processed until all reference forms have been received. Upon receipt of your application and all required reference forms it will then be determined if you will be accepted to participate in the Letter Network program. Once accepted you will be notified and given further instructions for participation in this programme.

Signature

Date

Send this completed Application to:

Letter Network National Co-ordinator
P.O.Box 1044, Ruimsig, 1732, Gauteng, South Africa
Phone: 011 768-2808, Email: letters@rag.org.za
Fax: 086 613-4362, Website: www.rag.org.za