

**Member Referral Form**

To be compiled by the Facilitator

\_\_\_\_\_ has been interviewed by the AIM (Assimilation/Mobilization) Ministry. This member has expressed interest and/or experience in your area of Ministry: \_\_\_\_\_. The member has been told that you, or a person you designate, will contact him/her to explore this ministry area in further depth.

Name: \_\_\_\_\_ Preferred Name: \_\_\_\_\_

Address: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Date of Consultation: \_\_\_\_\_

Please follow up by: \_\_\_\_\_

Phone Number: Day: \_\_\_\_\_ Evening: \_\_\_\_\_  
Best time to call: \_\_\_\_\_

Comments: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

You may request additional information about this member from the AIM Ministry:  
Counselor: \_\_\_\_\_ Phone Number: \_\_\_\_\_  
Best time to call: \_\_\_\_\_

**Response Form**

Member Referred: \_\_\_\_\_ Date: \_\_\_\_\_

Ministry Area: \_\_\_\_\_ Contact Person: \_\_\_\_\_

- ÿ Member placed in service: Position: \_\_\_\_\_
- ÿ Member not placed in service: Reason: \_\_\_\_\_
- ÿ Other: \_\_\_\_\_
- ÿ Member expressed alternative interest: \_\_\_\_\_

Please return the Response section of this form (to the AIM mailbox) by: \_\_\_\_\_