



# F04B – BWNS – Team

## Team Referee Response Form

*"Do not forget to show hospitality to strangers, for by so doing some people have shown hospitality to angels without knowing it"*  
Hebrews 13:2

This form is intended for referees responding to a BWNS Membership Application.

### 1. PERSONAL DETAILS

First name: \_\_\_\_\_ Last name: \_\_\_\_\_  
Email address: \_\_\_\_\_  
Mobile: \_\_\_\_\_ Home / Work: \_\_\_\_\_  
Gender: ☐ Male ☐ Female DOB: \_\_\_\_ / \_\_\_\_ / \_\_\_\_

### 2. APPLICANT DETAILS

I am completing this reference check for the applicant:

First name: \_\_\_\_\_ Last name: \_\_\_\_\_  
For the position of: \_\_\_\_\_

### 3. REFERENCE

Position: ☐ Minister/Pastor/Leader ☐ BWNS Member/Board

☐ Other \_\_\_\_\_

Org / Position: \_\_\_\_\_ / \_\_\_\_\_

Length of time applicant known to referee: \_\_\_\_\_ (years / months)

Our organisation membership is made up of a small diverse group of people from faith-based communities working in a considerate and collective manner, what qualities do you believe the applicant may bring to our base?

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In relation to the team position applied for, please provide any relevant information in support of the applicant's suitability to the role:

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### 4. ACKNOWLEDGEMENT

I acknowledge the reference I have provided is true and correct.

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

Signature: \_\_\_\_\_ Date: \_\_\_\_ / \_\_\_\_ / \_\_\_\_

### 5. INSTRUCTIONS FOR THIS FORM

This form has been provided as a sign and fill PDF. You may complete this form electronically, or scan a printed and completed copy, email to [secretary@bwns.org.au](mailto:secretary@bwns.org.au)

Hard copies can be posted to:

Secretary,  
Bendigo Winter Night Shelter Inc.  
PO Box 511  
Bendigo VIC 3552