



# F02B – BWNS – Members

## Membership 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: \_\_\_\_\_

### 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 membership base?

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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