

Northwest Baptist Disaster Relief
Chaplaincy/Emotional – Spiritual Care
Church Recommendation

Date: _____

We, _____, commend
Church Name
_____ to Northwest Baptist Disaster
Team Member
Relief for the ministry of chaplaincy/emotional-spiritual care. We attest to
_____’s Christ-like character and
Team Member
maturity. We affirm _____’s ministry
Team Member
gifts and talents to care for people in crisis. As God leads, we commit to pray for,
encourage and support _____ and
Team Member
Northwest Baptist Disaster Relief, especially during times of disaster response.
We look forward to _____’s
Team Member
testimony of God’s activity through disaster relief ministry.

_____, Pastor*

Pastor’s Email Address

*If the pastor is being commended, then the chairman of deacons or designated church leader may sign.

Return completed form to your Regional Coordinator.
Visit NorthWestDR.com/contact-us for contact info.