

HOST REFERENCE FORM

HospitalityHomes.org

PO Box 415 Mariposa Ca. 95338

Phone (800) 463-8090 Ext 1 ~ Fax (209) 966-6434

EMail: rest@hospitalityhomes.org

Website address: hospitalityhomes.org

Please submit this form to your Pastor and return it to the above address after it is filled out .

Dear Pastor,

You are requested to act as a reference for _____

who is applying to be a host home for MAKAHIKI MINISTRIES, INC., DBA *HospitalityHomes.org*.

Through its Hospitality Homes.Org, our ministry provides places of rest and restoration for Christian clergy, missionaries and other Christian workers who are involved in spreading the Kingdom of God on earth. Makahiki is a Hawaiian word, which means new beginnings, a time of rest, and a break from warfare. Thus, to take a Makahiki is to have a time of physical rest and a spiritual renewal. Our purpose is:

*To help and encourage Workers who get worn out from the demands that ministering to a hurting world places on them. Most people in ministry are givers, and a time of rest is their chance to receive hospitality. It's a healthy way to "Come away by yourselves to a quiet place and rest awhile." Mark 6:31

*To rekindle the calling of Hospitality in the Church by teaching about and encouraging Hospitality as a gift of the Holy Spirit given for ministry. In sharing their home with others, individuals and families can play a major role in affecting the world for Christ.

WOULD YOU PLEASE PROVIDE THE FOLLOWING INFORMATION:

1. What is the applicant's involvement in your church or organization? How long?
2. Do you feel the applicant and their hospitality home could provide a safe atmosphere to accomplish the purpose of a Makahiki?

Name of Ministry or Church: _____

Your Name: _____

Position: _____ Phone: _____

Address: _____ City: _____ State _____ Zip _____

Email: _____ Website: _____