

CAMP JUDAH PASTORAL REFERENCE FORM FOR COUNSELORS & STAFF MEMBERS

Mail to: Full Gospel Community Church, 2444 N. Main St., Warsaw, NY 14569 (585) 786-2969

Applicant - Fill Out This Section

Name of Applicant _____

Address _____

City _____ State _____ Zip _____

Phone # () _____ Junior Camp _____ Senior Camp _____

Pastor – Please Fill Out This Section

The purpose of this form is to make sure that the people we accept as Camp Judah counselors and staff members have your approval as being able to work with young people.

1. If you are not the applicant's Pastor, what is your relationship to him/her? _____
2. How long have you known the applicant? _____
3. In your judgment, does the applicant possess true conversion of heart and consecration to Jesus Christ with an evident desire to lead others to Him? _____
4. Would you allow the applicant to lead a group of young people or children in your church? ____
Why or why not? _____

5. Would you give the applicant your recommendation for a camp staff position? ___ YES ___ NO
6. Would you give the applicant your recommendation for a counseling position? ___ YES ___ NO
7. Comments: _____

Name: _____ Phone _____

Signature: _____ Date: _____

Church: _____ Position: _____