

**Pastoral Recommendation Form**

Note: This form must be completed by the Senior Pastor or an Associate Pastor with consent from Senior Pastor. If the Senior Pastor is the counselor, he/she does NOT have to complete this form.

As a Pastor, I recommend \_\_\_\_\_ to  
(Applicant's Name)

serve as a children's counselor at the Missouri District Children's Camps. Please check what you know about the applicant. Your response will be kept confidential.

ATTRIBUTE	BELOW AVERAGE	AVERAGE	ABOVE AVERAGE
Is a growing Christian			
Loves children			
Is faithful to local church			
Has a positive attitude and spirit			
Has desire to share faith			
Is a good example for children			
Works well with peers			
Would submit to camp authorities			
Has good health			
Loves out-of-doors			
Has a sense of humor			
Has a controlled temper			
Treats opposite sex with respect			
A good representative of the Church of the Nazarene			
Ability to make sound judgments			
Remains calm if a crisis should occur			

I have known this applicant for \_\_\_\_\_ number of years.

I know this applicant is able to lead a child to Christ.

Yes \_\_\_\_\_ No \_\_\_\_\_

I know this applicant is able to lead a prepared devotional.

Yes \_\_\_\_\_ No \_\_\_\_\_

If I had a child at camp, I would feel good about having this applicant as my child's counselor. Yes \_\_\_\_\_ No \_\_\_\_\_

Please share anything else that would help in our selection of camp staff:

---



---



---



---

Pastor's Signature: \_\_\_\_\_

Date: \_\_\_\_\_

**Thank you for your support of YOUR camps!**

**Return this form as soon as possible to:**

Dawn Vaught  
#1 Katie Brook Ct  
St. Charles, MO 63304

