

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
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#1 Katie Brook Ct
St. Charles, MO 63304