



**Pastoral Recommendation Form For
2024 CHOGAR Camp Counselor, Jr. Counselor, CIT**
This form must be completed and returned with the application

This section is to be completed by the applicant (please print)

Last Name:	First Name:	
Mailing Address:		
City:	State:	Zip:
Email:		
Phone Number:		

This section below is to be filled out by the applicant's Senior, Children, or Youth Pastor. The aforementioned has applied to be a counselor for either the Children or Youth 2024 Church of God in Arkansas Camp. Please understand that the applicant will not be approved without this form on file for 2024.

Please answer all 14 questions.

1. How long have you known this applicant?
2. Does this applicant attend all church services faithfully? Yes/No
3. In what capacity does he/she currently minister in your church?
4. Has the applicant ever work with students ages: (circle all that apply) 1st 2 nd 3 rd 4 th 5 th 6 th 7 th 8 th 9 th 10 th 11 th 12 th
5. To your knowledge , has the applicant ever displayed inappropriate behavior towards a minor? Yes/No
6. Would you feel comfortable leaving your children in his/her care? Yes/No
7. List any tendencies or traits that you might reduce the effectiveness of the applicant in this position.
8. To your knowledge, is the applicant free from the use of tobacco, alcohol, or other drugs? Yes/No
9. In the past five years has the applicant had any negative changes in moral, marital, or other life situations? Yes/No
10. Can you vouch for the moral integrity of this applicant? Yes/No
11. Does this applicant have adequate spiritual maturity to pray with students? Yes/No
12. Has this person been cleared through your church child/adolescent abuse prevention policy? Yes/No

13. Is there any information about this applicant you feel would be necessary for us to know?

Yes/No If yes, please explain

14. Do you recommend this individual to be a camp counselor? Yes/No

Pastor's Name: _____

Daytime Phone Number: _____

Pastor's Signature: _____