

BLAST STAFF
CENTRAL DISTRICT CHILDREN'S CAMP
PASTOR RECOMMENDATION FORM

NAME of APPLICANT _____ CHURCH _____

NAME of PASTOR _____ PHONE _____

Please check the appropriate Staff Position the applicant is requesting:

_____ COUNSELOR
(ages 18 and up)

_____ ASSISTANT COUNSELOR
(ages 16 and 17)

Please complete the above applicant's recommendation and return to the Central District Office with their application form.

Briefly describe the applicant's involvement in your local church:

Based on your observation, does the applicant display a lifestyle that focuses on desiring to serve Jesus Christ?

In what capacity has the applicant had experience in working with children?

Observed strengths:

(Please see reverse side)

Observed weaknesses that need to be noted:

Does the applicant have any limitations that should be taken into consideration?

Would you have any reservation in allowing your child to be part of the applicant's cabin for a week at camp? (If you would have reservation, please give explanation.)

Any additional information that you would like to give:

I, _____ give recommendation that _____
would be a good choice as a BLAST camp staff member.

Signature _____

Date _____