

PASTORAL REFERENCE FORM

Applicant: Please print your name on the line below and give this page to your Pastor to fill out. Please choose a pastor of the church that you currently attend and a pastor that is not part of your immediate family.

Applicant's Name: _____

INSTRUCTIONS FOR PASTOR

In order for us to provide a safe atmosphere for our campers, it is important that we know if a person applying for employment or to volunteer at Camp Challenge is an appropriate candidate to work with children. Therefore, it is essential that you give us an accurate evaluation. Any comments that you make will be kept in confidence by the Executive Director and Program Director. Please fill out this form and mail to Camp Challenge, 8914 US HWY 50 E, Bedford, IN 47421 OR e-mail to brian@gocampchallenge.com.

Is the applicant currently involved with your church on a regular basis? Yes No

Does this person demonstrate Christ-like values in his/her life? Yes No

Do you have any reservations about this person serving at camp? Yes No

Would you like the camp director to call you about this person? Yes No

- I recommend him/her for youth camp work
- I do not recommend him/her for youth camp work
- I do not know this person well enough to make an evaluation

Comments: _____

Pastor's Signature: _____ Date: ____/____/____

Pastor's Printed Name: _____

Church Name: _____ City: _____