

SCY CAMP STAFF FORM

Pastors Reference

Applicants Full Name: _____

Which camp(s) applying for: _____

Church: _____ City: _____

Pastors Name: _____

As a member/faithful attendee of your congregation, I am being considered by the Pentecostal Church of God SoCal Youth Ministries and our Youth Pastor/Leaser to be a workers/chaperone at summer camp. I would appreciate your time in giving the following information needed.

Questionnaire for Church Pastor/Director/Leader only:

How do you believe this person will perform as a volunteer camp staff member? _____

Do you have any reservations about their salvation or motives for serving at camp? _____

Has your church done previous background checks on this applicant? _____

If so, is there any information we should consider before deciding if the applicant should be apart of our camp staff? _____

Comments:

I certify the applicant is fit and qualified to serve as a volunteer camp staff for Pentecostal Church of God So Cal Youth Camp Ministry.

Signature _____ Date ____/____/____