

Pastoral Recommendation Form

Pastor, please complete the following based on your personal knowledge and perception of the sponsored applicant.

Applicant's name: _____

When did you first meet the applicant? _____

Is the applicant a member of your church? _____ Since? _____

Has the applicant ever worked with or for you in a volunteer or other capacity? _____

If yes, please describe: _____

Please describe your observations of the applicant interacting with children or youth: _____

What strengths would this applicant bring to this camp? _____

What difficulties might the applicant have in fulfilling his/her duties? _____

Are you willing, without reservation, for your child (or any other child for whom you are responsible) to be under the applicant's sole supervision? _____

Do you consider this applicant a positive role model for children or youth? _____

Is this applicant dependable? _____

Is this applicant truthful? _____

Is this applicant responsible? _____

Has your church performed a multi-state background check on this applicant? _____

Has the applicant passed the background check? _____

(Please include a copy of the current background check.)

Do you know of any reason why this person should not be considered for this position? _____

(Signature of Interviewing Pastor)

Date: _____

(Name of Local Church)

Mail or email all necessary documents to:
Missouri District Teen Camp Director
Pastor Div Tosingilo
c/o Harvester Church of the Nazarene
Email: div@harvesternaz.com