

**PASTORAL REFERENCE RECOMENDATION FORM  
KIDS CAMP STAFF APPLICATION (Page 1)**

Applicant's Name \_\_\_\_\_

The above-named person is applying for a position as camp staff for Alabama Kids Camp. Your cooperation in answering the following questions with utmost frankness is appreciated. The information you provide will help us in selecting our summer camp staff. Thank you for your assistance. Please mail, email, or fax this directly back to the address on page 2 of this form. **PLEASE DO NOT RETURN TO THE STUDENT.**

How long have you known this applicant? \_\_\_\_\_

How well do you know this applicant? (Check one)

Not Very Well	<input type="checkbox"/>
Casually	<input type="checkbox"/>
Well	<input type="checkbox"/>
Very Well	<input type="checkbox"/>

Do you believe this applicant is a committed Christian?

Yes	<input type="checkbox"/>
No	<input type="checkbox"/>

To what extent is the applicant involved in church?

No involvement	<input type="checkbox"/>
Slightly Involved	<input type="checkbox"/>
Involved	<input type="checkbox"/>
Very Involved	<input type="checkbox"/>

What special talents does he/she show? \_\_\_\_\_

\_\_\_\_\_

What leadership abilities has he/she shown? \_\_\_\_\_

\_\_\_\_\_

To your knowledge, has the applicant participated in the use of intoxicants, tobacco, or illegal drugs? Yes \_\_\_\_\_ NO \_\_\_\_\_. If yes, please explain \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**PASTORAL REFERENCE RECOMENDATION FORM  
KIDS CAMP STAFF APPLICATION (Page 2)**

Category	Poor	Fair	Good	Excellent	Comments
Christian Life					
Social Adaptability					
Works Well on a Team					
Leadership					
Cooperation					
Teachable Spirit					
Motivation					
Emotional Stability					
Personal Appearance					
Health					
Attitude toward others					
Other					

Knowing the applicant as you do, what recommendation would you make for this person to work at Kids Camp?

(Please Select One)

Strongly Recommend	
Recommend	
Recommend with Reservation	
Prefer not to make a Recommendation	

Comments \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

Pastor's Name \_\_\_\_\_  
 Church Name \_\_\_\_\_  
 Pastor's Signature \_\_\_\_\_

**Please Mail, Email, or Fax to:**  
 Alabama Christian Education Department  
 5919 Carmichael Road  
 Montgomery, AL 36117  
 \*\*\*\*\*  
[knorris@adcag.org](mailto:knorris@adcag.org)  
 \*\*\*\*\*  
 Fax No. 334-279-0016

**MATURE CHRISTIAN ADULT REFERENCE RECOMENDATION FORM  
KIDS CAMP STAFF APPLICATION (Page 1)**

Applicant's Name \_\_\_\_\_

The above-named person is applying for a position as camp staff for Alabama Kids Camp. Your cooperation in answering the following questions with utmost frankness is appreciated. The information you provide will help us in selecting our summer camp staff. Thank you for your assistance. Please mail, email, or fax this directly back to the address on page 2 of this form. **PLEASE DO NOT RETURN TO THE STUDENT.**

How long have you known this applicant? \_\_\_\_\_

How well do you know this applicant? (Check one)

Not Very Well	<input type="checkbox"/>
Casually	<input type="checkbox"/>
Well	<input type="checkbox"/>
Very Well	<input type="checkbox"/>

Do you believe this applicant is a committed Christian?

Yes	<input type="checkbox"/>
No	<input type="checkbox"/>

To what extent is the applicant involved in church? (Check One)

No involvement	<input type="checkbox"/>
Slightly Involved	<input type="checkbox"/>
Involved	<input type="checkbox"/>
Very Involved	<input type="checkbox"/>

What special talents does he/she show? \_\_\_\_\_  
\_\_\_\_\_

What leadership abilities has he/she shown? \_\_\_\_\_  
\_\_\_\_\_

To your knowledge, has the applicant participated in the use of intoxicants, tobacco, or illegal drugs? Yes \_\_\_\_\_ NO \_\_\_\_\_. If yes, please explain \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**MATURE CHRISTIAN ADULT REFERENCE RECOMENDATION FORM  
KIDS CAMP STAFF APPLICATION (Page 2)**

Category	Poor	Fair	Good	Excellent	Comments
Christian Life					
Social Adaptability					
Works Well on a Team					
Leadership					
Cooperation					
Teachable Spirit					
Motivation					
Emotional Stability					
Personal Appearance					
Health					
Attitude toward others					
Other					

Knowing the applicant as you do, what recommendation would you make for this person to work at Kids Camp?

(Please Select One)

Strongly Recommend	
Recommend	
Recommend with Reservation	
Prefer not to make a Recommendation	

Comments \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

Pastor's Name \_\_\_\_\_

Church Name \_\_\_\_\_

Pastor's Signature \_\_\_\_\_

**Please Mail, Email, or Fax to:**  
 Alabama Christian Education Department  
 5919 Carmichael Road  
 Montgomery, AL 36117  
 \*\*\*\*\*  
[knorris@adcag.org](mailto:knorris@adcag.org)  
 \*\*\*\*\*  
 Fax No. 334-279-0016