



Arkansas Pastor's Endorsement For Camp Staff

A Church of God of Prophecy Ministry

INSTRUCTIONS: Pastor is to mail this form directly to the Camp Director.

KID'S CAMP

Jason & LaCinda Whittington
7605 Geronimo Circle
North Little Rock, AR 72116
(870) 219-5635

Email: lacinda.whittington@heartlandcogop.org

SENIOR CAMP

Tom & Stephanie Thompson
1729 Osceola Drive
North Little Rock, AR 72116
(501) 833-2828

Email: stephanie.thompson@heartlandcogop.org

Applicant Information

To Be Completed By Applicant: Name _____

How long have you been a Christian _____ Are you Spirit Filled? ____ Yes ____ No

Applying to Work in: ____ Kid's Camp ____ Senior Camp

Position Applying for: ____ Cabin Leader ____ Cabin Leader In Training ____ Teacher ____ Worship Leader/Team
____ General Help / Kitchen ____ Other: (List Position) _____

Church & Pastor Information

The Following To Be Completed By Pastor:

Name of Church _____ Location of Church (City) _____

Name of Pastor _____ Number of Years at Church _____

General Information

Do You know the Applicant Personally? _____ If so, for how long? _____

Does the Applicant attend regularly at your church? _____ If Not, how often do they attend? _____

Are they a Member of your church? _____ How long have they been a member? _____

What positions or services do they currently do, or hold at your church? _____

Are they consistent in their Christian example? _____ Please Explain _____

In your opinion, are they qualified for the position they are applying for? _____ Please Explain _____

Would you recommend them to work in another area of camp instead of the area they are applying for? _____ If yes, explain _____

If working directly with children in a cabin, or other direct contact, would you place your children or grandchildren in their care? _____

Is there any particular area that you might be concerned about should they be asked to serve in camp? _____

Other Comments or Perspectives _____

PASTOR'S RECOMMENDATION:

____ I Recommend Them

____ I Recommend Them Under The Following Conditions: _____

____ I Wish To Speak Directly To The Camp Director Before I Recommend Them Fully

____ I Cannot Recommend Them At This Time

Pastor's Signature _____ Date _____

FOR OFFICE USE ONLY

Date Received _____

Action Taken _____

Notes: _____

Staff Signature _____ Date _____