2018 Camp Staff Pastoral Endorsement

Pastor, we rely heavily on your recommendation, please give us as much information as possible.

Ap	plica	nt's	Na	me:
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Leesburg, FL 34748

<u>Pasto</u>	r's Name:	
	ept confidential. Please return the for	n within five days of reception. All information on this form is rm as soon as possible to the State Office, and not to the
Mail:	Summer Camp	Scan & Email: camp@flcogop.com
	c/o Church of God of Prophecy	Picture & Text: 352.250.2527
	6001 Monarch Blvd	Fax to Joe D: 720.920.5990

Is this applicant:	Saved	_Sanctified	_ Holy Ghost Bap	tized	_ Church Mem	nber
How frequently doe	s this applican	it attend your ch	urch?			
Does this applicant f	inancially sup	port the local ch	urch? Yes _	No		
Does this applicant of	cooperate wit	h the Pastor and	other church lead	dership?	Yes	_ No
Does this applicant of	exhibit a gene	ral positive attitu	ıde? Yes	No		
I personally recomm	end this perso	on as a potential	camp staff memb	oer?	Yes No	•
Please briefly tell u	swhy you fee	el this person wo	uld (or would no	t) be a goo	d camp staff ı	member:
Pastor's Signature: _				Date: _		