## **2019 Camp Staff Pastoral Endorsement**

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

Applicant's Name:
Pastor's Name:
<u>Pastor:</u> Please complete and return this form within five days of reception. All information on this form is to be kept confidential. Please return the form as soon as possible to the State Office, and not to the applicant.
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 Leesburg, FL 34748
Is this applicant: Saved Sanctified Holy Ghost Baptized Church Member
How frequently does this applicant attend your church?
Does this applicant financially support the local church? Yes No
Does this applicant cooperate with the Pastor and other church leadership? Yes No
Does this applicant exhibit a general positive attitude? Yes No
I personally recommend this person as a potential camp staff member? Yes No

Please briefly tell us why you t	eel this person would (or would not) be a good camp staff memb	er:

Pastor's Signature: \_\_\_\_\_\_ Date: \_\_\_\_\_