

Pastor's Evaluation

Counselor or Camper Name: _____

(This report will be kept in strict confidence.)

Pastor, your comments concerning this applicant are important in providing a quality camp for your young people. We do not conduct camp for the benefit of spiritually deficient adults. **All information should be completed on every applicant in the event extra counselors are needed. If for any reason this individual should not be a counselor or worker, please mark this application accordingly below.**

1. How long have you been the applicant's pastor? _____
2. How long have you known the applicant? _____
3. Does the applicant hold a position in your church? Yes/No _____
4. If yes, what position? _____
5. Is he/she spiritually qualified to work in the positions checked on the application?

6. Are you aware of past problems relative to children? Yes/No _____
7. Does the applicant have a cooperative attitude? Yes/No _____
8. Would you consider the applicant suitable to work with children? Yes/ No _____
9. Would you consider the applicant a benefit to our camp? Yes/No _____
10. Is the applicant mature and spiritually qualified to be a counselor? Yes/No _____
11. Does the applicant perform well under pressure? Yes/No _____
12. Does the applicant have temper problems? Yes/No _____
13. Does the applicant meet the worker requirements stated on the application for the position sought? Yes/ No _____

() I whole-heartedly endorse the applicant.

() I endorse the applicant.

() I do not endorse the applicant.

Any additional comments or explanations:

Pastor's signature: _____ **Date:** _____

Pastor, when you have completed the evaluation please mail it no later than July 15 to:

Tiger Mountain Holiness Youth Camp

C/O Shawna Rich

9236 Clearview Dr

Broken Arrow, OK 74014