PASTORAL REFERENCE FORM CAMP GILEAD STAFF

MAIL TO: Camp Gilead, P.O. Box 7006, Plainville, CT 06062

APPLICANT – FILL OUT THIS SECTION

Name of Applicant					
Address					
City		State		Zip	
Phone ()	Email		θ	Junior Camp θ	Senior Camp
	PASTOR -				
 If you are not the applica How long have you know 					
3. How well? θ Very We	1 θ Fairly Well	θ Casually	θ By Name/S	Sight θ No	ot At All
4. Has the applicant made a meaningful personal commitment to Jesus Christ? θ Yes θ No θ Unsure					
5. What is the applicant's current level of involvement in the church? (Check All That Apply)					
θ Attends Regularly θ	Attends Casually	θ Interested	θ Distant	θ Involved	θ Cooperative
θ Not Committed θ	Helpful θ Enthusi	iastic θ Half	hearted θ	Leader θ	On the Fringe
6. Please evaluate the applicant in the following areas by checking the appropriate level:					
Personal Grooming Diligence and Motivation Influence on Others Expected Impact at Camp Integrity and Character Promptness Emotional Stability Acceptance of Instruction Health and Fitness Courtesy and Tactfulness Cooperation Concern for Others Dependability			e Average	Fair/Poor	Unknown
7. Do you have any reserva	tions about this perso	n working with c	children or kno	w of any reaso	n why this
person should not be allo	wed to work with chi	ldren?			
Applicant is: θ Highly Recommended					
		DATE PHONE ()			
		1 1			

NOTE! The Applicant Will Not Be Accepted Until This Form Is Received