Pastoral Recommendation for 2012 (Renewed annually for all non credentialed applicants)

If you are an Arkansas Assemblies of God credentialed minister or minister's spouse, you are not required to fill out this form.

This section is to be completed by the applicant (please print):

LAST NAME FIRST NAME

MAILING ADDRESS

CITY STATE ZIP

AREA CODE + PHONE NUMBER

***The section below is to be filled out by the applicant's Pastor. Pastor, please return this form ASAP. Please understand that your responses will be held in strictest confidence.**

The aforementioned has applied for a volunteer/paid position with the Arkansas District Events Program. Please understand that the applicant **will not be approved** without this form on file for **2012**. This recommendation should be mailed directly to the AR District **without returning it to the applicant** as soon as possible. **Please complete and return this form to:** AR Kid's Camp, PO BOX 191670, LITTLE ROCK, AR 72219-1670.

How long have you know this applicant? _____ Does this applicant attend all church services faithfully? Yes No

In what capacity does he/she currently minister in your church? _____

_____

Has the applicant ever worked with student ages: (check all that apply)

_____ 5 – 6 years _____ 7 – 10 years _____ 11 – 12 years _____ 13 – 18 years

To your knowledge, has the applicant ever displayed inappropriate behavior towards a minor? Yes No

Would you feel comfortable leaving your children in his/her care? Yes No

If no, please explain. _____

List any tendencies or traits that you feel might reduce the effectiveness of the applicant in this position. _____

_____

To your knowledge, is the applicant free from the use of tobacco, alcohol, or other drugs? Yes No

In the past five years has the applicant had any negative changes in moral, marital, or other life situations? Yes No

If yes, please explain. _____

Can you vouch for the moral integrity of this applicant? Yes No

Does this applicant have adequate spiritual maturity to pray with students in the altar? Yes No

Has this person been cleared through your church child/adolescent abuse prevention policy? Yes No

Is there any information about this applicant you feel would be necessary for us to know? Yes No

If yes, please explain. _____

_____

Do you recommend this individual to work at an Arkansas District event? Yes No

PASTOR'S NAME (First, Last)

DAYTIME PHONE NUMBER

POSITION _____ Date _____/_____/_____

CREDENTIALED PASTOR'S SIGNATURE _____

PASTOR PLEASE PRINT YOUR NAME _____

REQUIRED ANNUALLY FOR ALL APPLICANTS