

Camp Counselor Reference ~ Pastoral

Dear Pastor,

I, _____ have been requested to serve as a Counselor at the WV Baptist Camp / at a WVBC event or WVBC Conference.

Reference Title _____ Date _____
Name _____ Phone _____ E-mail _____
Church _____
Address _____ City/State/Zip _____

1) How often does this person participate in Worship?

a. _____ once a month

c. _____ three times a month

b. _____ twice a month

d. _____ four times a month

2) Does this person participate in other ministries or activities?

No _____ Yes _____, Please List _____

3) How long have you known this person? _____

4) Are you comfortable knowing that this person will facilitate spiritual growth of students in the camping /event experience? Yes, _____, No _____, if not why _____

5) Is this person involved in any leadership, positions at the church? Yes _____ No _____

6) Has this person been disciplined by any ministries of the church? Yes _____ No _____

7) Are there any character issues that would hinder this person from being an important part of the counselor team? _____

8) Other Comments _____

Signature _____

Please Send to:

Prior to June 1st, send to: Director of Student Ministries, PO Box 1019, Parkersburg, WV 26102 or fax to: 304-485-0940.

After June 1st, send to: Director of Student Ministries, 276 Baptist Camp Road, Cowen, WV 26206 or Fax to: 304-226-3553