

14. Would you want this person to care for your own children or grandchildren? Please explain why or why not.

15. What ministries does he/she currently serve in? _____

Use this space to include any additional information or comments:-

Based on your knowledge of this person's character and background, you: Highest Recommendation Recommend

Do Not Recommend With reservation, I recommend Have Someone Contact Me

Signature _____ Date ____/____/____

Recommendations are to be returned to the applicant in a sealed envelope with the signature of the recommending person across the seal.

Recommendations are to be returned to the applicant in a sealed envelope with the signature of the recommending person across the seal. After the applicant collects all of the recommendations, please forward to the Children's Pastor/Leader for processing to the District Office. Please have 2 recommendations.

Confidential Pastoral Recommendation

Applicant, please fill out the information in this box only before giving this page to your Pastor.

Applicant Information: Name _____ Age _____ DOB ____/____/____

Day Phone _____ Evening Day Phone _____

PASTOR (Must be completed by the Senior Pastor) Please complete the following and return in a church sealed, signed envelope to the applicant: (Please print legibly)

Pastor's Name _____ Title _____

Phone _____ Fax _____

Church Name _____ Church City _____

Serious consideration will be given to your evaluation of the character and fitness of the applicant. In order to be completely informed and to make a fair appraisal, please give as much information as is known. Your responses will be kept strictly confidential. If you have any questions or concerns please call 252.883.4354.

1. How long have you known this person? _____
2. How well do you know them? By name ____ Casually ____ Fairly Well____ Very Well ____
3. Do you know of any reason that this person should not be considered as a counselor? Yes ____ No ____
4. Is the applicant active in church work? Yes ____ No ____
5. Has the applicant had a salvation experience? Yes ____ No ____
6. Are you aware of any mental or emotional illness or instability? Yes ____ No ____
7. Have you had any reason to question the applicant's morals? Yes ____ No ____
8. Do you have reason to lack confidence in the applicant? Yes ____ No ____
9. Does he/she deal well with stress? Yes ____ No ____
10. To your knowledge, have they been charged with child abuse? Yes ____ No ____
11. Applicant attends church faithfully. Yes ____ No ____
12. The applicant is spiritually mature to pray with children? Yes ____ No ____
13. List both the applicant's strengths/weakness _____

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Confidential Friend Recommendation

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Applicant Information: Name _____ Age _____ DOB ____/____/____

Day Phone _____ Evening Day Phone _____

FRIEND (Must be completed by the Senior Pastor) Please complete the following and return in a church sealed, signed envelope to the applicant: (Please print legibly)

Friend's Name _____

Phone _____ Email _____

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1. How long have you known this person? _____
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3. Do you know of any reason that this person should not be considered as a counselor? Yes ____ No ____
4. Is the applicant active in church work? Yes ____ No ____
5. Has the applicant had a salvation experience? Yes ____ No ____
6. Are you aware of any mental or emotional illness or instability? Yes ____ No ____
7. Have you had any reason to question the applicant's morals? Yes ____ No ____
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Confidential Relative Recommendation

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Applicant Information: Name _____ Age _____ DOB ____/____/____

Day Phone _____ Evening Day Phone _____

Relative (Must be completed by the Senior Pastor) Please complete the following and return in a church sealed, signed envelope to the applicant: (Please print legibly)

Relative's Name _____ Relation _____

Phone _____ Email _____

Serious consideration will be given to your evaluation of the character and fitness of the applicant. In order to be completely informed and to make a fair appraisal, please give as much information as is known. Your responses will be kept strictly confidential. If you have any questions or concerns please call 252.883.4354.

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11. 11. Applicant attends church faithfully. Yes ____ No ____
12. 12. The applicant is spiritually mature to pray with children? Yes ____ No ____
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Background Check Consent

Do you consent to having a background check processed by the North Carolina District Council of the Assemblies of God? If for any reason a background check will need further review, the local pastor will address the issues.

Yes, I allow a background check to be processed by the North Carolina District Council of the Assemblies of God.

No, I do not consent to a background check being processed. I understand this will affect the possibility of being a staff member and working with campers. Counselor Agreement

I, _____ agree to abide by the rules and regulations set forth by the North Carolina District Council of the Assemblies of God (NCDC) and Camp Crowders Ridge. I also understand that rules or policies may change from time-to-time due to circumstances that dictate such changes. If I have a disagreement with the program or staff member, I will bring my concerns directly to the Camp Director, Larissa Cockrell, only and will not address concerns with anyone else. 2. I agree to fully support the NC District Kid's Camp Staff, NCDC leadership team in my word and conduct and I will remain positive and flexible. 3. I will attend/participate in all aspects of NC District Kid's Camp. This includes: daily devotions, team prayer, worship, evening services, games, activities, clean-up duties, and all other duties outlined in my Counselor Manual. 4. I acknowledge the information I provided in this application is correct to the best of my knowledge. I authorize any references, churches listed to give you any information requested regarding my character and fitness for working with children. I release all such references from liability for any damage that may result from furnishing such evaluations to NCDC. 5. Should my application be accepted, I agree to abide by the Constitution, By-laws, and Policies of the NCDC. I will refrain from unscriptural conduct in the performance of my services on behalf of the local church and the NCDC

Signature _____ Date _____

Witness _____ Date _____

ADULT PHOTO RELEASE The NCAG KIDMIN has my permission to use my photograph publically to promote the campus. I understand that the images may be used in print publications, online publications, presentations, websites, and social media. I also understand that no royalty, fee or other compensation shall become payable to me by reason of such use.

Signature: _____ Date _____

Name: _____

Phone Number: _____

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15. What ministries does he/she currently serve in? _____

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