

# PASTOR'S REFERENCE FORM

\_\_\_ Senior Pastor    \_\_\_ Assistant or Associate Pastor    \_\_\_ Youth Pastor

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## Applicant's Section

This section is to be completed by the applicant

Applicant's Name: \_\_\_\_\_

Applicant's Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Phone Number: \_\_\_\_\_

Senior Pastor's Name: \_\_\_\_\_

Applicant: Please provide this form, as well as an addressed, stamped envelope to the pastor (non family member) who is giving reference for you.

I willingly forfeit my right to access the information provided on this form, and understand this information will not be provided to me or anyone else outside the Admissions staff.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

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## Pastor's Section

This portion is to be completed by the pastor. Please complete this form and mail it to our Admissions Office at your earliest convenience.

Your Name: \_\_\_\_\_

Church's Name: \_\_\_\_\_

Church Address: \_\_\_\_\_  
Street City State Zip

Phone Number: \_\_\_\_\_ Email: \_\_\_\_\_

How long have you known the applicant? \_\_\_\_\_

How well do you know the applicant? \_\_\_\_\_

What would you consider the applicant's strengths? \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

What would you consider the applicant's weaknesses? \_\_\_\_\_  
\_\_\_\_\_

What is the applicant's attitude toward authority? \_\_\_\_\_  
\_\_\_\_\_

Does the applicant's life show a separation from the thoughts, actions and attitudes of the world?  
\_\_\_\_\_

# PASTOR'S REFERENCE FORM

Please check one box for each of the categories below.

<b>Church Attendance</b>	<input type="checkbox"/> Attends all applicable functions	<b>Christian Service</b>	<input type="checkbox"/> Very active in ministry
	<input type="checkbox"/> Attends services only		<input type="checkbox"/> Occasionally helps
	<input type="checkbox"/> Attends some services		<input type="checkbox"/> Helps only when forced
	<input type="checkbox"/> Attends occasionally		<input type="checkbox"/> Does not participate in ministry
<b>Spiritual Example</b>	<input type="checkbox"/> Great example	<b>Leadership</b>	<input type="checkbox"/> Effective leader
	<input type="checkbox"/> Okay example		<input type="checkbox"/> Occasionally leads
	<input type="checkbox"/> Follows the crowd		<input type="checkbox"/> Can lead but is not eager to
	<input type="checkbox"/> Poor example		<input type="checkbox"/> Does not lead, only follows
<b>Work Ethic</b>	<input type="checkbox"/> Hard worker	<b>Discernment</b>	<input type="checkbox"/> Very wise
	<input type="checkbox"/> Active		<input type="checkbox"/> Has good sense
	<input type="checkbox"/> Must be coerced		<input type="checkbox"/> Average
	<input type="checkbox"/> Lazy		<input type="checkbox"/> Lacks discernment
<b>Dating Standards</b>	<input type="checkbox"/> Above reproach	<b>Dependability</b>	<input type="checkbox"/> Extremely dependable
	<input type="checkbox"/> Reasonable		<input type="checkbox"/> Would be a good second choice
	<input type="checkbox"/> Questionable		<input type="checkbox"/> Occasionally comes through
	<input type="checkbox"/> Non-existent		<input type="checkbox"/> Not dependable
<b>Academic Inclination</b>	<input type="checkbox"/> Very high	<b>Personal Appearance</b>	<input type="checkbox"/> Very well groomed
	<input type="checkbox"/> Above Average		<input type="checkbox"/> Neat
	<input type="checkbox"/> Average		<input type="checkbox"/> Lacks attention to detail
	<input type="checkbox"/> Below Average		<input type="checkbox"/> Negligent
<b>Emotional Stability</b>	<input type="checkbox"/> Extremely stable	<b>Emotional Appearance</b>	<input type="checkbox"/> Positive, happy, cheerful
	<input type="checkbox"/> Well balanced		<input type="checkbox"/> Depressed, upset, unhappy
	<input type="checkbox"/> Unresponsive		<input type="checkbox"/> Sour, angry, irritated
	<input type="checkbox"/> Changes quickly		<input type="checkbox"/> Difficult to read

I Cannot Recommend       I Recommend with Reservation       I Do Recommend

Pastor's Signature: \_\_\_\_\_

Date: \_\_\_\_\_

Please Return To: Camp CoBeAc 4925 S. Reserve Road, Prudenville, MI 48651  
For Questions Contact: (989) 366-5162 or email us at [cbbi@cobecac.org](mailto:cbbi@cobecac.org)

# PERSONAL REFERENCE FORM

## Applicant's Section

This section is to be completed by the applicant

Applicant's Name: \_\_\_\_\_

Applicant's Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Phone Number: \_\_\_\_\_

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Signature: \_\_\_\_\_ Date: \_\_\_\_\_

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## Reference Section

This portion is to be completed by the personal reference. Please complete this form and mail it to our Admissions Office at your earliest convenience.

Your Name: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Phone Number: \_\_\_\_\_ Email: \_\_\_\_\_

How long have you known the applicant? \_\_\_\_\_

How well do you know the applicant? \_\_\_\_\_

What would you consider the applicant's strengths? \_\_\_\_\_

\_\_\_\_\_

What would you consider the applicant's weaknesses? \_\_\_\_\_

\_\_\_\_\_

What is the applicant's attitude toward authority? \_\_\_\_\_

\_\_\_\_\_

Does the applicant's life show a separation from the thoughts, actions and attitudes of the world? \_\_\_\_\_

\_\_\_\_\_

# PERSONAL REFERENCE FORM

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I Cannot Recommend

I Recommend with Reservation

I Do Recommend

Reference's Signature: \_\_\_\_\_

Date: \_\_\_\_\_

# PERSONAL REFERENCE FORM

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This section is to be completed by the applicant

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Applicant's Address: \_\_\_\_\_

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Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Phone Number: \_\_\_\_\_ Email: \_\_\_\_\_

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\_\_\_\_\_

What would you consider the applicant's weaknesses? \_\_\_\_\_

\_\_\_\_\_

What is the applicant's attitude toward authority? \_\_\_\_\_

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<b>Emotional Stability</b>	<input type="checkbox"/> Extremely stable <input type="checkbox"/> Well balanced <input type="checkbox"/> Unresponsive <input type="checkbox"/> Changes quickly	<b>Emotional Appearance</b>	<input type="checkbox"/> Positive, happy, cheerful <input type="checkbox"/> Depressed, upset, unhappy <input type="checkbox"/> Sour, angry, irritated <input type="checkbox"/> Difficult to read

I Cannot Recommend     
  I Recommend with Reservation     
  I Do Recommend

Reference's Signature: \_\_\_\_\_ Date: \_\_\_\_\_