



CAMP ROCK "L.I.T." PROGRAM
PASTOR'S REFERENCE
1607 Cromwell Bridge Rd.
Baltimore, MD 21234 Phone: 410-665-7461

To the Pastor: Each applicant at Camp Rock must submit a reference from his or her pastor. Serious consideration is given to the reference, and therefore we request that you complete the form carefully and candidly. Because we expect straightforward comments, we will handle this recommendation with strictest confidence.

Applicant's Name: _____

Pastoral Reference (*The following is to be completed by the Applicant's Pastor*)

Name of Church: _____ **Pastor's Name:** _____

Pastor's Phone: _____ **Pastor's Email:** _____

Church Address: _____

How long have you known the applicant? _____

How long has the applicant attended your church? _____

How well do you know the applicant (Circle One)? By Sight Casually Fairly Well Very Close

Has this applicant fulfilled the requirements for membership at your church? Yes No

Has the applicant made a personal commitment to Jesus Christ? Yes No

To what extend is the applicant engaged in the activities of your church?

- Irregular Attendance; Little Interest in Activities
- Attends Regularly; Little Interest in Activities
- Attend Regularly; Willing to Help in Some Activities Around the Church
- Attends Regularly; Enthusiastically Engages in a Variety of Activities Around the Church
- Attends Regularly; Takes Ownership & Demonstrates Leadership Qualities Regarding Ministry

Has the applicant been involved with any ministries at this church? If so, describe:

If the applicant does not participate, do you know why?



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How Would You Rate This Applicant?

	Outstanding	Superior	Above Average	Average	Below Average
Accountability					
Care for Children					
Commitment					
Cooperation					
Dependability					
Flexibility					
Initiative					
Integrity					
Leadership					
Loyalty to Church					
Mental Stability					
Overall Attitude					
Problem Solving					
Responsibility					



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Describe the applicant's greatest strength as a volunteer at Camp Rock:

Describe any growth opportunities or weakness we should consider:

Please circle the terms which best describe the applicant's attitude towards the Church, and toward the things for which the Church stands:

- | | | |
|--------------|--------------|--------------|
| Antagonistic | Devoted | Rebellious |
| Apathetic | Enthusiastic | Respectful |
| Bitter | Grateful | Sympathetic |
| Contemptuous | Loving | Tolerant |
| Critical | Passive | Warm-hearted |

What spiritual impact will this applicant have on their campers and fellow volunteers?

Describe the integrity of this applicant. What concerns do you have with their level of integrity?



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Describe how the applicant handles conflict with others:

Describe home factors, of which you are aware, which might affect the applicant's success as a volunteer at Camp Rock?

Has the applicant discussed their desire to volunteer at Camp Rock? YES NO

Do you fully support the applicant volunteering at Camp Rock? YES NO

Does the applicant smoke, drink, or have they abused drugs? YES NO

Additional Comments:

I hereby certify that all answers given herein are true and complete. I certify that I am the Pastor of the individual listed on this form who is seeking a volunteer opportunity at Camp Rock. I authorize investigation of all my statements for the volunteer referenced in this document as may be necessary in arriving at a decision. I agree to contact Camp Rock immediately should any of the statements that I have attested to in this reference change or become contradictory to what has been initially stated. I understand that the Director can be reached at 410-665-7461.

Pastor's Signature: _____ **Date:** _____



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Mailing Instructions: Mail or deliver this form in a sealed envelope, being sure to seal and sign the flap. The applicant has been instructed not to open this envelope, but to forward it to the Camp Rock Director.

Pastoral Recommendations can be emailed to: director@camprockmd.com

If you have questions, please contact the Camp Rock Director at 410-665-7461.

Mailed recommendations should be sealed and sent to the following:

ATTN: Camp Rock Director
RE: Camp Rock “L.I.T.” Youth Program
Camp Rock, Inc.
1607 Cromwell Bridge Rd.
Baltimore, MD 21234

Fax- 410-882-7163