

Pastor/Co-Worker Recommendation Form for Youth Counselors

Thank you so much for taking the time to fill out this recommendation form! If you are unfamiliar with this applicant, perhaps you can get help from someone else in the congregation. We praise God for your willingness to support in the youth counseling ministry. Please Mail/ e-mail to the following contact:

By Email, please put "Lake Yale 2021 Youth Counselor (Counselor Name)" in the subject line
Email: matt.ong91@gmail.com

By Mail:

Matthew Ong
4712 Grandview Avenue
New Port Richey, FL 34652

Counselor Name: _____
Your Name: _____ Your Phone Number: _____
Name of Church: _____

Is the counselor baptized? _____

How long have you known the applicant? _____

In what capacity? _____

Please answer to the best of your abilities the following questions concerning the counselor:

Is the counselor trustworthy? ___ Yes ___ No

Is the counselor consistent and growing in their faith? ___ Yes ___ No

Does the counselor have adequate knowledge of the Bible? ___ Yes ___ No

Is the counselor able to get along with people? ___ Yes ___ No

Can the counselor work well in a group setting? ___ Yes ___ No

Is the counselor actively serving in their home church/church they're attending? ___ Yes ___ No

Would you entrust your child to the counselor? ___ Yes ___ No

If you answered "No" to any of the above questions, please explain below.

Additional Comments?

***By signing, you hereby authenticate and certify your full approval, clearance, and endorsement of the individual to serve as a youth counselor at Lake Yale.**

Signed: _____ Date: _____