

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 2022 Youth Counselor (Counselor Name)" in the subject line Email: [matt.ong91@gmail.com](mailto: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?

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\*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: \_\_\_\_\_