



Pastor's Recommendation Form 2017

Please fill out completely and return as soon as possible.
Final date for processing: **June 12, 2017**

Please return this completed recommendation form to:

Brad Brede Ministries
PO Box 393
Alexandria, MN 56308

If you have any questions regarding the Xtreme Passion Youth Camp application, please contact Brad at:

Phone: 320-766-6177
E-mail: brad@bradbredeministries.org

This section to be completed by applicant:

Name of Applicant _____
Address _____
City _____
State _____ Zip _____
Telephone Number (____) ____ - _____
Applicant's Signature: _____
Date ____ / ____ / ____

Applicant: Please read before distributing this form. This form should be completed by your pastor. If your father is your pastor, please refer the form to an assistant pastor or lay leader in your church. If a person other than your pastor completes the form, an explanation should be provided. I understand that this confidential statement will be submitted to Brad Brede Ministries and its contents will not be shared with me. I hereby waive my right to see the confidential statements submitted on this form.

Pastor: Each adult worker that desires to serve at Xtreme Passion Youth Camp must submit a pastor's recommendation to complete his/her application. Serious consideration will be given to your comments. Please complete this form carefully and in privacy. Since we request a candid recommendation, we will hold your comments in strictest confidence. Therefore, we ask that this completed form be mailed directly to Brad Brede Ministries. Your prompt cooperation completing and returning this form is greatly appreciated.

This section to be completed by your Pastor:

- How long have you known the applicant? ____year(s) ____month(s)
 - What has been the nature of your acquaintance?
Pastor ____ Assistant Pastor ____ Music/Worship Director ____ Youth/Children's Pastor ____
Co-Worker ____ Fellow Member ____ Other (please specify) _____
 - Has your relationship been: Intense? ____ Very Close? ____ Close? ____ Casual? ____ Intermittent? ____
Distant? ____ Other? (please specify) _____
 - Do you believe the applicant has a personal relationship with Jesus Christ? Yes ____ No ____
 - Please list attributes which best describe the applicant's attitude toward the church and its activities: _____

 - Please check the area(s) of the applicant's involvement in the church:
Audio/Visual ____ Children ____ Music ____ Prayer ____ Teacher ____ Usher ____ Youth ____
Other (please specify) _____
 - How industrious is the applicant as a worker?
Usually conscientious, hard worker ____ Works harder than most workers ____
Does about as much work as most other people ____ Works less than most others ____
Very lazy ____ Have no basis for judgment ____
- Comments: _____

8. Please evaluate his/her personal character (E=Excellent, AA=Above Average, A=Average, P=Poor, U=Unknown)
- Honesty _____ Dependability _____ Cooperativeness _____ Social Poise _____ Response to Authority _____
 Leadership Ability _____ Teachable Attitude _____ Promptness _____ Work Ethic _____
 Ability to Lead Others _____ Personal Cleanliness _____ Moral Character _____ Ability to Make Decisions _____
 Consideration for Others _____ Acceptance of Instruction and/or Discipline _____ Self-confidence _____
 Servant Attitude _____ Emotional Stability _____ Ability to Communicate Clearly _____ Adaptability _____
 Ability to Receive Correction _____ Ability to Handle Stress _____ Spiritual Maturity _____
 Ability to Deal with Interpersonal Conflicts _____
9. Are you aware of any mental or emotional illness, or instability in the applicant? Yes _____ No _____
 If yes, please explain: _____

10. Is the applicant: Critical? _____ Irritable? _____ Depressed? _____ Argumentative? _____ Domineering? _____
 Rebellious? _____ Comments: _____
11. Would you say the applicant is: Very Stable? _____ Stable? _____ Unstable? _____ Very Unstable? _____
 Comments: _____

12. Describe how the applicant responds to authority: _____

13. The applicant's spiritual influence on others is: Positive _____ Neutral _____ Negative _____
14. With what sort of companions does he/she usually associate? _____

15. Please describe the applicant's home life and/or marriage. _____

16. Have you ever known the applicant to engage in questionable moral conduct? Yes _____ No _____
 If yes, please explain: _____

17. To your knowledge, does/has the applicant: Used Tobacco Products? _____ Drank Alcoholic Beverages? _____
 Used Illegal Drugs? _____ Comments: _____

18. To your knowledge, has the applicant ever been arrested for any offense other than a minor traffic violation?
 Yes _____ No _____ If yes, please explain: _____

19. To your knowledge, have you known the applicant to ever be involved in homosexuality-lesbianism? Yes _____
 No _____ If yes, please explain: _____

20. To your knowledge, have you known the applicant to ever be involved in the occult? Yes _____ No _____
 If yes, please explain: _____

21. To your knowledge, has the applicant ever been accused, questioned, or investigated for child abuse, child neglect,
 or child molestation? Yes _____ No _____ If yes, please explain: _____

22. To your knowledge, has the applicant ever been accused, questioned, or investigated for spousal abuse?
 Yes _____ No _____ If yes, please explain: _____

23. What do you consider the applicant's strong points? (Include positive personal traits.) _____

24. What do you consider the applicant's weak points? (Include negative personal traits.) _____

25. Please share with us any information you may have about the applicant that would help in our evaluation. (This information could cover recent experiences or incidents in the applicant's life, or even a general personality appraisal.) _____

26. Do you have any reason to lack confidence in the applicant's ability to serve at Xtreme Passion Youth Camp? Yes _____ No _____ If yes, please explain: _____

27. How much individual attention and/or counseling does the applicant need to maintain a victorious Christian walk?
____ Applicant seems to need much individualized attention and counseling.
____ Applicant seems to need a moderate amount of individualized attention and counseling.
____ Applicant seems to maintain victory by his/her devotional life and from ministry received in church services.
If you checked one of the first two boxes, please specify the area of need: _____

28. From personal knowledge of this individual, would you?
____ Highly recommend him/her.
____ Recommend him/her.
____ Recommend him/her with slight reservations.
____ Hesitate in recommending him/her.
____ Be unable to honestly recommend him/her.
If you checked any of the last three, please explain: _____

29. Additional comments: _____

Please Print:

Your Name _____ Male/Female _____ Age _____
Name of Your Church _____ Position _____
Address _____ City _____ State _____ Zip _____
Home Phone (____) _____ - _____ Work Phone (____) _____ - _____ Cell Phone (____) _____ - _____
Are you: Licensed? _____ Ordained? _____ With what Organization? _____
E-mail Address _____
Signature of Reference _____ Date ____ / ____ / ____