



Pastor's Recommendation Form 2022

Please fill out completely and return as soon as possible.

Final date for processing: **June 11th, 2022**

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 in completing and returning this form is greatly appreciated.

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 or E-mail: bbmbrad@arvig.net

Applicant's Signature: _____

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.

This section to be completed by applicant:

Name of Applicant _____

Address _____ City _____

State _____ Zip _____

Telephone Number (____) - ____ - ____

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.

Date: ____ / ____ / ____

THIS SECTION TO BE COMPLETED BY YOUR PASTOR:

1. How long have you known the applicant? ____ year(s) ____ month(s)?

2. 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) _____

3. Has your relationship been: Intense? ____ Very Close? ____ Close? ____ Casual? ____ Intermittent? ____ Distant? ____ Other? (please specify) _____

4. Do you believe the applicant has a personal relationship with Jesus Christ? Yes ____ No ____

5. Please list attributes which best describe the applicant's attitude toward the church and its activities: _____

6. Please check the area(s) of the applicant's involvement in the church: Audio/Visual ____ Children ____ Music ____ Prayer ____ Teacher ____ Usher ____ Youth ____ Other (please specify) _____

7. 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___ Self-confidence___ Acceptance of Instruction and/or Discipline___ Ability to
Make Decisions___ Adaptability___ Consideration for Others___ Servant ___ Attitude___ Emotional Stability___
Spiritual Maturity___ Ability to Communicate Clearly___ Ability to Receive Correction___ Ability to Handle
Stress___ 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. ___ Be unable to honestly recommend him/her. ___ Recommend him/her. ___ Recommend him/her with slight reservations. ___ Hesitate in recommending him/her. If you checked any of the right three, please explain: _____

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? _____