

Camp Session Counseling: _____

Camp Counselor Reference ~ Pastoral

Dear Pastor,

I, _____, have been requested to serve as a Counselor at the WV Baptist Camp, at a WVBC event or WVBC Conference.

Reference Title _____ Date _____

Name _____ Phone _____

E-mail _____

Church _____

Address _____

City/State/Zip _____

How often does this person participate in Worship?

_____ once a month

_____ twice a month

_____ three times a month

_____ four times a month

Does this person participate in other ministries or activities?

No _____ Yes _____ Please List _____

How long have you known this person? _____

Are you comfortable knowing that this person will facilitate spiritual growth of students in the camping /event experience? Yes ___ No ___

If not, why:

Is this person involved in any leadership, positions at the church? Yes ___ No ___

Has this person been disciplined by any ministries of the church? Yes ___ No ___

Are you aware of any accusations of misconduct involving this person? Yes ___ No ___

Are there any character issues that would hinder this person from being an important part of the counselor team?

Other Comments:

Signature: _____

Please Send to:

Director of Camping & Youth, 276 Baptist Camp Road, Cowen, WV 26206, Fax to: 304-226-3553 or email to cowenregistrar@wvbc.org