



PASTORAL APPROVAL FORM

Please have a pastor at your church complete this form.



Name of Counselor/Volunteer:	
Church City:	Church Name:

Week Serving (Select all that apply):

<input type="checkbox"/> Teen Week 1 June 26-30	<input type="checkbox"/> Kids Week 1 July 18-22
<input type="checkbox"/> Teen Week 2 July 10-14	<input type="checkbox"/> Kids Week 2 July 22-25

How long have you known this applicant? _____

Does this applicant attend all services faithfully? YES NO

In the past 5 years has the applicant had any negative changes in their moral, marital, or other life situations? YES NO

Does this applicant have adequate spiritual and emotional maturity necessary for praying with campers regarding the various problems with which they may be presented? YES NO

Is there any other information about this applicant you feel would be necessary for us to know?

Choose one:

I am personally acquainted with the applicant, and in my opinion, he or she is competent and qualified to work with minors of any age. I know of no facts or allegations that raise any questions concerning his or her suitability for working with minors in any activity.

I prefer to discuss my response by phone. I can be reached at the following phone number during the day:

Signature:	Date:
Print or Type Name:	Title:

Pastoral Approvals can be sent to:
Iowa Ministry Network Attn: Megan Yates
10525 Buena Vista Ct.
Urbandale, Iowa 50322
or emailed to: ngevents@imnag.org

All counselor forms must be turned in 15 days prior to the start of your camp session.
 Counselors/Volunteers with late forms will be subject to a \$10 late fee.