



PO BOX 830 MILLERS CREEK, NC 28651
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336.667.7177

2016 Captain Program
PASTORAL REFERENCE FORM
PLEASE PRINT

SECTION I IS TO BE COMPLETED BY THE CAPTAIN APPLICANT.

I. APPLICANT CONTACT INFO

Name: FIRST MIDDLE LAST Gender: M / F
Address: Date of Birth: MM / DD / YYYY
City: State: Zip:
Phone: Home ( ) - Cell ( ) - Best time of day to call:
Email:

THE REMAINDER OF THE FORM IS TO BE COMPLETED AND RETURNED BY THE PASTOR. THIS FORM IS A REQUIRED PART OF THE CAPTAINS PROGRAM APPLICATION PROCESS, AND IS TO REMAIN CONFIDENTIAL. PLEASE MAIL TO THE URCC OFFICE BY MAY 6, 2016.

II. PASTOR CONTACT INFO

Name: FIRST MIDDLE LAST
Address: STREET CITY STATE ZIP
Home: ( ) - Cell: ( ) - Best time of day to call:
Email:

III. CHURCH INFO

Name: Phone: ( ) -
Address: STREET CITY STATE ZIP
Email:

IV. APPLICANT REVIEW (Please use separate pages if needed.)

- 1. How many years have you known the applicant?
2. On a scale of 1 (least) to 5 (most), what is the applicants level of church involvement? 1 2 3 4 5

3. Does the applicant appear to have a growing relationship with Christ? Please explain.

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4. Please describe the quality of work you anticipate the applicant producing.

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5. Is there any reason you are aware of that the applicant should not be allowed to work with children in a camp setting?  
If so, please explain.

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6. Would you recommend the applicant as a URCC Captain? Why or why not?

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7. Please rate the candidate in the following areas on a 1 to 5 scale, with 1 being poor and 5 being excellent. Circle n/c if you have had no chance to observe.

<b>Promptness:</b>	n/c	1	2	3	4	5
<b>Fulfilling Obligations:</b>	n/c	1	2	3	4	5
<b>Following Directions:</b>	n/c	1	2	3	4	5
<b>Flexibility:</b>	n/c	1	2	3	4	5
<b>Emotional Balance:</b>	n/c	1	2	3	4	5
<b>Honoring Authority:</b>	n/c	1	2	3	4	5
<b>Trustworthiness:</b>	n/c	1	2	3	4	5
<b>Spiritual Maturity:</b>	n/c	1	2	3	4	5
<b>Social Engagement:</b>	n/c	1	2	3	4	5
<b>Leadership Ability:</b>	n/c	1	2	3	4	5
<b>Kid Friendly:</b>	n/c	1	2	3	4	5
<b>Temper Control:</b>	n/c	1	2	3	4	5
<b>Tact:</b>	n/c	1	2	3	4	5

## V. TERMS OF AGREEMENT

Please note, applications are only considered **COMPLETE** and available for review when **ALL** forms have been submitted.  
**PLEASE RETURN BY MAY 6, 2016.**

Signature \_\_\_\_\_ Date \_\_\_\_\_

<b>OFFICE USE ONLY</b> Date Reviewed: _____ Reviewed by: _____
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