

CAMP MANITOUMI COUNSELOR REFERENCE FORM
948 County Road 1800N – Lowpoint, IL 61545
Phone: 309-367-4651 Fax: 309-367-4922 E-mail: manitoumi@mtco.com

Dear Pastor,

I, _____ have been requested/would like to serve as a counselor at Camp Manitoumi this camping season. I have requested (please circle) Junior #1, Junior #2, Jr. High, Sr. High camp to counsel.

Reference: Title: _____ Date: _____

Name: _____ Church: _____

Address: _____ City: _____ State/Zip: _____

E-mail: _____

1. How often does this person participate in Worship?

- a. _____ One a month c. _____ Three times a month
b. _____ Twice a month d. _____ Four times a month

2. Does this person participate in ministries or activities?

Yes _____ No _____, Please list _____

3. How long have you know this person? _____

4. Are you comfortable knowing that this person will facilitate spiritual growth of students in the camping experience? Yes _____ No _____, if not why _____

5. Is this person involved in any leadership positions of the church? Yes _____ No _____

6. Has this person been disciplined by any ministries of the church? Yes _____ No _____

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

8. Other Comments: _____

Signature _____ Date _____

Please return to the address above. Thank you