

Youth Worker Recommendation Form

Applicant's Name _____ Date _____

Address _____

City _____ State _____ Zip _____

Telephone _____

The person named above has applied to be a Youth Worker in the Children's Ministry Department. Each applicant must submit a recommendation. Serious consideration is given to this recommendation; therefore, we request that you complete this form and mail it directly to the Children's Ministry at:

Attention: _____

WE CANNOT ALLOW A YOUTH TO SERVE UNTIL WE RECEIVE THIS FORM.

CONFIDENTIAL

Please circle one of the following: I am a Teacher Pastor Coach

How long have you known the applicant? _____

To what extent

- Very well
- Quite well
- Not very well

Please check the appropriate behavior that best describes the applicant.

	Excellent	Good	Average	Needs Improvement
Attitude				
Obedience				
Follows Directions				
Team Player				
Works well with kids				

Would you recommend this applicant to work with young children?

- Yes
- No

What is your recommendation based upon?

Signature _____

Date _____

Please Mail to the following address
