

**Flower City Work Camp 2024**  
**April 1-5, 2024**

**1<sup>st</sup> TIME LEADER RECOMMENDATION FORM**

All adults who are volunteering at FCWC for the first time should have a pastor or staff member from their church complete this form on their behalf. Email completed forms to [register@flowercityworkcamp.org](mailto:register@flowercityworkcamp.org).

Applicant's Name:			
Church:			
Recommender's Name:			
Recommender's Church:			
Relationship to Applicant:		How long have you known this person?	
What strengths and/or experience will this individual bring to Flower City Work Camp as a Leader?			
Do you have any reservations or concerns with this person leading a group of teens in Christian service at Flower City Work Camp?			

Please rate the applicant in the following categories by placing an "X" in the appropriate column.

	Outstanding	Good	Average	A Concern
Faith/Christian Walk				
Leadership				
Communication				
Role Model for Teens				
Interaction With Others				

Do you recommend that this person be accepted as a Leader at FCWC?     Yes     No

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

***...That The City Might See Jesus!***