

CHURCH ENDORSEMENT

I certify that _____
Name of Participant

has been interviewed and endorsed by this church to be a participant in the ELCA International Camp Counselor Program. I understand that this position involves the direct supervision and care of children and youth and I believe that this person is appropriate for this kind of work and will fulfill these responsibilities effectively. To the best of my knowledge, I believe that this person intends to return home, as required, at the conclusion of the program in August 2010.

Signature

Date

Name (Please print or type)

Church Position/Title

Name of Church

Address (please provide street address/location for international courier)

Telephone Number

Fax Number

E-Mail Address

International Airport/City to be used for travel to the United States

RETURN FORM BY FEBRUARY 15 TO:

MARK BURKHARDT
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CHICAGO IL 60631
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FAX: 773-380-2109