

CAMP STAFF REFERENCE FORM

PLEASE TYPE OR PRINT LEGIBLY IN BLACK INK

To be Completed by Applicant:

_____ **BROWN CITY CAMP** _____ **HAPPY TIME CAMP** _____ **MANCELONA YOUTH**

Name _____

(last)

(first)

(middle initial)

Address _____

(number & street)

(city)

(state)

(zip code)

To be Completed by Referent:

Name _____

(last)

(first)

(middle initial)

Address _____

(number & street)

(city)

(state)

(zip code)

Title/Position: _____

Organization: _____

	Below Average	Average	Above Average	Superior	Cannot Report
Intelligence	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Initiative	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Reliability	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Leadership	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Concern for Others	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Moral Integrity	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Emotional Stability	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Social Skills	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Christian Commitment	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

In what capacity do you know this person?

How long have you known the applicant?

What do you consider to be the applicant's strengths or weaknesses as a counselor?

Do you see any area in which the applicant might need special attention?

Would you trust this person at Camp with the care of your child?

I recommend the applicant (please circle one of the following):

without reservation

strongly

with reservation

not recommended

I prefer to discuss this further. Please call me at this number during the day: ()

Your Signature: _____ Date: _____

Dear Friend,

The person named on the reverse side of this form has applied for staff at Brown City Youth Camp, Happy Time Children's Camp or Mancelona Youth Camp. In attempting to serve the total need of our campers we require each applicant to choose a person whom they feel will adequately represent them as referent.

We ask that you respond to each category on the reference form with as much specific information as you feel comfortable providing. Should you need more space please attach an additional sheet. If there is information concerning this person that you would prefer to discuss over the phone, feel free to check the space provided on the reference form and I will be happy to give you a call. References are of value, not solely in the obtaining of counselors, but more significantly in preparation for services to the campers or programming we might make available.

Please note that there will be no action taken on this applicant until this form is returned. For your convenience, just fold, seal and mail the completed form to Missionary Church Michigan District.

Sincerely,

District Youth Director

PLACE
STAMP
HERE

MISSIONARY CHURCH MICHIGAN DISTRICT
1091 CREEKWOOD TRAIL
BURTON, MICHIGAN 48509-1500