

HOTM TOP CAMP STAFF REFERENCE FORM 2017



Name of Applicant: _____

The applicant above is applying to be part of our HOTM TOP Stayner Camp. Please return the completed reference form in the envelope the applicant provided or by email to: <mailto:info@ecmCamps.ca>

Thank you for being a reference. Any information you can supply will be appreciated and will be considered confidential. Kindly complete and return at once to the address listed above. ***Please do not return to the applicant.***

1. How well do you know the applicant? _____

2. How long have you known him/her? _____

3. What is your relationship to the applicant? _____

4. Do you see qualities in this applicant that would be beneficial to camp work? _____

5. Is he/she the kind of person to whom you would entrust the care of your child or other children and youth to on a 24 hour basis? Please comment if necessary. _____

6. Is there anything you might consider undesirable in the applicants character? _____

7. Are you aware of any circumstances in the applicant's background which we should be aware of OR may make them unsuitable for the camp environment? If yes, please explain. _____

Comments:

Stayner Camp is owned and operated by Evergreen Christian Ministries

Email: info@ecmCamps.ca Web: staynercamp.ca

Please return this application to the camp at: info@ecmCamps.ca

Rate with an X the applicant in the areas listed below. Please comment if needed.

	Unknown	Below Average	Average	Above Average	Excellent
Ability to follow instructions					
Ability to work as part of a team					
Active involvement in school or community					
Active involvement in church or youth group					
Capacity to work with young people and children					
Consistent desire to learn and grow					
Demonstrated knowledge of the Bible					
Consistent growth in Christian life and faith					
Determination to honor commitment					
Energy Level					
Friendliness					
Honesty					
Initiative					
Judgment					
Leadership Ability					
Promptness					
Sense of Humor					
Communication Ability					
Self Control					
Teachability					
Ability to take Criticism					

Rate your recommendation of the applicant

Highly recommend
 Recommend
 Recommend with reservation
 Cannot recommend
 Other: _____

Your Name: _____

The best way to contact you if we feel necessary based on this reference: _____

Thank you for your input. The applicant will be anxiously waiting to hear if Stayner is part of their summer!



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