



**CONFIDENTIAL REFERENCE FORM CONFIDENTIAL**

**CAMP SHIPSHEWANA SUMMER STAFF**

Applicant's Name: \_\_\_\_\_

Address: \_\_\_\_\_

City, State, Zip: \_\_\_\_\_

**POSITION:**

Activity Director  Sr Counselor

*In order that we may make an intelligent selection of our summer staff, we are seeking information concerning the above applicant. The information that you give will be treated in the strictest of confidence. Therefore, we would appreciate straightforward answers that would help ensure we are providing responsible staff that exhibits qualities of excellence in their lives to care for the children entrusted to us. Thank You!*

How long have you known this applicant? \_\_\_\_\_

**YES NO** Do you know the applicant to have a personal relationship with Jesus Christ?

**YES NO** To your knowledge, does the applicant's lifestyle and personality provide a positive Christian role model for young people to emulate?

**YES NO** Does the applicant relate to the non-Christian world in a warm, positive and secure manner?

How well does the applicant get along with others of the *same* sex? \_\_\_\_\_

How well does the applicant get along with others of the *opposite* sex? \_\_\_\_\_

Has the applicant been convicted of any crime that has not been annulled by a court, including but not limited to child abuse, sexual abuse, assault or child pornography? If yes, please specify the nature of the crime, date of the conviction, and city and state of conviction. \_\_\_\_\_

Based upon your observations, please list below the 3 strongest and 3 weakest characteristics concerning the life and service of the applicant:

Three Strongest Characteristics

Three Weakest Characteristics

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Listed below are some tendencies that, if present, although not disqualifying, may reduce the effectiveness of the applicant's service and about which the applicant could be counseled. Underline any traits that you have observed:

- Impatient, Intolerant, Argumentative, Domineering, Sullen, Cocky, Very critical, Jokingly critical*
- Easily -- embarrassed, offended, discouraged, depressed, or irritated*
- Frequently -- worried, nervous, or tense*
- Prejudices -- towards stereotyped groups, races, or nationalities*
- Given to exclusive or absorbing friendships*
- Lacking in humor, or inability to take a joke*

If you have noted any of these limitations in this applicant, please comment, describing the form and intensity of such behavior.

\_\_\_\_\_  
\_\_\_\_\_

How do you rate this applicant's overall fitness for working with children in a prolonged setting under physically and emotionally stressful conditions?

Superior     Average     Below Average     Should be Discouraged

**YES**    **NO**    Do you believe that this applicant has the spiritual, physical, social, and emotional maturity to serve the Lord in a Christian camp setting, and do you recommend this applicant's participation as a staff member?

Are there any characteristics, behaviors, or life experiences that we should be aware of, or cautioned of concerning this applicant, so as to help ensure a good team relationship and help the applicant grow in both character and ministry skills?

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Please list two other persons qualified to give sound appraisal of this applicant

Name	Address/Phone/E-Mail	Relationship to Applicant
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### SUMMARY

Is this person mature enough socially, spiritually, physically, and emotionally to have a good experience working closely within a group?

Mature Enough     Marginal     Allow God to work more first

Do you have any hesitations or reservations about this applicant's qualifications for working with children as a Christian role model? If yes, Please explain:

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### OVERALL RECOMMENDATION

- Recommended without reservation
- Marginal acceptance; have some reservations
- Definitely NOT recommended at this time

I have reviewed this reference form to the best of my knowledge; it is an accurate reflection of the applicant as observed by my interaction in his/her life.

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

Name: \_\_\_\_\_ Relationship to Applicant: \_\_\_\_\_

Address: \_\_\_\_\_

City, State, Zip: \_\_\_\_\_

Daytime Phone Number: \_\_\_\_\_ E-mail: \_\_\_\_\_

Return this form to:

Executive Director/Confidential  
The Brethren Retreat  
9095 W 275N  
Shipshewana, IN 46565