

CAMP JACOB
 2723 Camp Jacob Rd.
 Clintwood, VA. 24228
 (276) 926-8960
 FAX is available
www.campjacob.com

CAMP STAFF REFERENCE FORM

_____ has submitted an application for employment at Camp Jacob. We are presently seeking the will of the Lord regarding the possibility of this applicant joining our summer camp staff. If you would be so kind as to answer the following questions, carefully and prayerfully, and return this form to the above address, it would be most helpful.

1. What are the applicant's strengths? _____

2. What are the applicant's weaknesses? _____

3. What annoying peculiarities, if any, does the applicant have? _____

4. With what type of personality, if any, might the applicant clash? _____

5. How long have you known the applicant and in what capacity? _____

6. Do you think this person would be a beneficial addition to our summer camp staff? Why or why not? _____

Please rate the applicant in the following areas by inserting the proper number in the blank where 1=Excellent, 2=Good, 3=Average, 4=Below Average, and 5=Unacceptable:

- | | |
|--|---------------------------------------|
| _____ Ability to get along with others | _____ Adaptability |
| _____ Promptness | _____ Leadership ability |
| _____ Attitude toward children | _____ Command of the English language |
| _____ Display of Christian character | _____ Respect for authority |
| _____ Organization | _____ Creativity |

Reference contact information:

Name _____ Phone Number _____
 Address _____

signature

Please write on the back any additional information that you believe will be helpful to us in becoming acquainted with the applicant.

In Christ,
 Daniel Osborne
 Camp Director