

Camp Yorktown Bay camp 2009

Personal Reference for summer

Please complete and return this form to:
Arkansas-Louisiana Conference
Attn: CYB
PO Box 31000
Shreveport, LA 71130-1000

This Section to be completed by applicant:

Applicant's name (please print) _____

I hereby authorize Camp Yorktown Bay to verify the information on my application and I consent to the person named below giving a reference to disclose any and all information regarding my work history, personal character, work habits, involvement with children, or other areas of importance to Camp Yorktown Bay. I release Camp Yorktown Bay and the Arkansas Louisiana Conference of Seventh-day Adventists from all liability and furthermore release the person listed below as a result of them furnishing information to Camp Yorktown Bay in good faith.

Signature: _____ Date ____/____/____

Parent or Guardian signature: _____ Date ____/____/____
(if applicant is under 18)

This Section to be completed by Reference

The person named above is applying for a position at Camp Yorktown Bay. Your candid, confidential evaluation is requested and the applicant has given authorization for you to provide this information. Thank you for your time and assistance in this important matter.

Your Name: _____ Daytime Phone: _____
Address: _____ Evening Phone: _____
How long have you known the candidate? _____ In what capacity? _____

In view of your knowledge of the applicant, how do you assess his/her abilities and character in the following categories as compared to his/her peers?

	Not Observed	Weak	Fair	Very Average	Good	Outstanding
Spiritual commitment	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Ability to work with Children	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Ability to work with others	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Teachability	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Maturity	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Responsibility	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Honesty	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Integrity	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Takes Initiative	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Interpersonal skills	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Creativity	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Assuming you have children, would you leave them alone with this person? Yes No
Relative to employment at CYB I would:

Highly recommend Recommend Recommend with reservations Do not Recommend

**Please feel free to comment on this applicant further by writing on the back of this form.*

Signature: _____ Date ____/____/____