



CalvinCrest

Cabin Leader Personal Reference Form

This section to be completed by Applicant

Applicant Name (First & Last)	Date
Please list the camp session(s) you are applying for: (see Registration Form for session codes)	
I WAIVE my right to see the response on this reference.	
Applicant Signature	

This section to be complete by Personal Reference (please attach additional sheet if more room is needed)

The above named person has applied to be cabin leader at Calvin Crest and will be responsible for caring for youth. As the person having the most one-on-one interaction with our campers, the cabin leader is a vital part of the camping ministry at Calvin Crest. This responsibility will be advantageous only if the applicant is qualified in terms of possessing an aptitude for working with youth, leadership potential, and Christian character. We recognize that everyone has strengths and limitations. It is important to know a person's limitations as well as their strengths. Please give as objective a reference as possible so we can best determine where the applicant can be most effective. Your willingness to complete this reference form is greatly appreciated. Your frank, honest, and prompt evaluation will help protect the future interest of the applicant and of our camping ministry.

How long have you known the applicant?	In what capacity have you been associated with the applicant?
What do you consider your relationship with the applicant to be? (circle one) Close and personal – 10 9 8 7 6 5 4 3 2 1 – Casual acquaintance	
What is your general impression of the applicant?	
Have you observed the applicant live out an evident Christian faith?	
Do you consider the applicant qualified and a desirable candidate to care for the age group applied for? Why or why not?	
Are there any tendencies or traits that you feel might reduce the applicant's effectiveness in caring for youth? If YES, please list.	
Would you want this person to lead your own children? (circle) YES / NO	Why or why not?

Name (First & Last)	Position/Vocation
Address	City State Zip
Phone	Email
Signature	

Please return this form by email, fax, or mailing address listed below.