

***VOLUNTEER AND PAID STAFF
RECOMMENDATION FORM***
Camping and Retreats Commission
Central Pennsylvania Conference, The United Methodist Church

You are being invited to recommend _____ to serve as volunteer or paid camp staff at one of our Central Pennsylvania Conference church camps. Our criteria for selecting staff is that they demonstrate maturity in behavior, decision making and Christian spirituality, in addition to possessing responsible leadership qualities and skills. To this end I am asking for your cooperation.

Below appear several questions. Please answer them as they relate to the individual named above. Your responses will remain confidential. I would appreciate your prompt response. Mail the completed Recommendation Form to the name and address which appears on the reverse side. If you wish to speak personally about this individual, you may do so by phoning the number which also appears on the reverse side.

1. What is your relationship to the applicant?

2. How long have you known the applicant?

3. How well do you know the applicant?

4. How would you describe the applicant?

5. How would you describe the applicant's ability to relate to children and/or youth?

6. How would you describe the applicant's ability to relate to adults?

7. How would you describe the applicant's leadership abilities?

8. How would you feel about having the applicant as a volunteer worker with your child and/or youth?

9. Do you know of any characteristics that would negatively affect the applicant's ability to work with children and/or youth? If so, please describe.

(over please)

10. Do you have any knowledge that the applicant has ever been convicted of a crime? If so, please describe.

11. Please list any other comments you would like to make:

Your Name: _____

Address: _____

City: _____ State: _____ Zip: _____

Day Phone: (_____) _____ Evening Phone: (_____) _____

E-mail _____ Date: ____/____/____

Thank you for taking the time to complete this recommendation form.

Please return this form to:

Name: _____

Address: _____

City: _____ State: _____ Zip: _____

Day Phone: (_____) _____ Evening Phone: (_____) _____

E-mail _____