REFERENCE FORM

Camp Asbury

East Ohio Camps East Ohio Conference of the United Methodist Church

(Name of Applicant)	is an a	ppli	can	t fo	the	po	sitic	n o	f _	_	
(Name of Applicant) is an applicant for the position of as a seasonal staff member at Camp Asbury. Your frank appraisal of this candidate as a potential staff member who must live, work and supervise children, youth, and adults on a daily basis is very much appreciated. Please comment freely and include any pertinent information that might help us in our evaluation. This document will become part of a confidential file. Your prompt reply is appreciated. Thank you.											
1) How long have you known the applicant?	Ir	ı wh	nat c	apa	city	?					
2) If your child were a camper, would you tr	ust your child to	the (care	of	the	app	lica	nt?			
If not, please explain:											_
3) Please rate the applicant on the following Please circle your response: Displays positive attitude	1	2	3	4	5	6	7	8	9	10	highest score).
Demonstrates desire to learn/accept guidance	1	2	3	4	5	6		8	9	10	-
Paces him/herself well in completing tasks Completes tasks without frequent reminders	1	2	3	4		6		8	9	10	
Shows ability to accept supervision	1	2	3	4	5	6	7	8	9	10	
Exhibits honesty and dependability	1	2	3	4		6	7	8	9	10	
Accepts responsibility/is accountable	1	2	3	4	5	6		8	9	10	
Works well with others	1	2	3	4		6		8	9	10	•
Relates well with peers	1	2	3	4		6		8	9	10	•
Has ability to work with various ages	1	2	3	4	5		7	8	9	10	•
Responds in a positive manner to problems or set-back		2	3	4	5	6	7	8	9	10	
Shows concern and respect for others	1	2	3	4	5	6	7	8	9	10	
Demonstrates sound decision-making	1	2	3	4	5	6	7	8	9	10	
Adapts well to new and different situations	1	2	3	4	5	6	7	8	9	10	•
Displays a sense of humor	1	2	3	4	5	6	7	8	9	10	•

10

10

Responds well to criticism

Demonstrates leadership in areas of competence

4) Please make a brief character statemen	nt regarding the applicant's strengths:
5) Please make a brief character statemen	nt regarding the applicant's weaknesses:
6) Please state your impressions of the ap	pplicant's religious experience and practice:
☐ Recommend without re☐ Recommend with reserve	camp staff member? (Please check one.) servation vation; applicant will probably work out ation; may work out with help and good orientation
8) Additional comments (Please use additional comments)	itional page if necessary):
Reference Information:	
Your Name:	
Street Address/P.O. Box:	
City/State Zip:	
Telephone: Home or cell:	Work:
Signature	Date (mm/dd/yy):
Please return this form promptly. The candidate	te's application cannot be processed until this form is received.

Mail this form to: John Cruz, Camp Asbury, 10776 Asbury Road, Hiram, OH 44234

(direct e-mail: johnc@campasbury.org phone:330.569.3171)