



VOLUNTEER COUNSELOR/CHILD CARE ASSISTANT (CCA) PERSONAL REFERENCE 2008

Please print clearly in ink

A. NAME OF APPLICANT _____

B. APPLYING TO COUNSEL / CCA: (circle all that apply)

Miwok (3rd) Sherwood (4th-6th) Jr. High/Outpost (6th-9th) High School (9th-13th) Family Camp Child Care

Week in the Forest (ages 16+ with developmental disabilities)

C. I WAIVE my right to see the response on this reference.

Applicant's Signature _____ Date _____

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For Individual Completing the Reference Form:

The above named person has applied to be a Volunteer at Calvin Crest. As the person having the most one-on-one interaction with campers, the Volunteer Counselor/CCA is one of the most vital parts of the camping ministry at Calvin Crest. This assignment will be advantageous only if the applicant is qualified in terms of possessing definite leadership potential, skills 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 better 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 interests of the applicant and of our camping ministry. Please fill out and mail this form as soon as possible to:

"Volunteer Counselor/CCA Reference 2008"
Calvin Crest Conferences
45800 Calvin Crest Road
Oakhurst, CA 93644-9614

How long have you known the applicant? _____

In what capacity have you been associated with the applicant? _____

Would 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

General impression of the applicant:

Do you consider the applicant qualified and a desirable candidate for the age group applied for?
Please include your reasons.

Are there any tendencies or traits that you feel might reduce applicant's effectiveness?

Would you want this person to counsel your own children?

Please attach an additional sheet if more room is needed.

PLEASE PRINT BELOW:

Name: _____ Position: _____ Phone: (____) _____

Name of Church/business _____ Signature _____

Address _____ City _____ Zip _____