

Camp Orchard Hill

The CORE

Youth Pastors Reference Form

Mail to: Camp Orchard Hill
 640 Orange Road
 Dallas PA 18612
 Or fax: 570-333-4058
 Send: attention to Derek Hodne

Name of applicant _____
 How long have you known this person? _____ In what capacity? _____

Do you know this person in a one-on-one basis or in a group context? _____
 If group, what size and type group? _____

This person has applied for the summer Leadership Training Program at Camp Orchard Hill. We are looking for individuals who have a strong Christian faith, enthusiasm, initiative, and a desire to grow.

ALL OF THIS INFORMATION WILL BE KEPT CONFIDENTIAL.

Please rate the following characteristics using the number scale with "1" meaning the applicant does not display this characteristic and "10" meaning the applicant does display the characteristic. Please circle the appropriate number.

	Not at all/bad	Very much so/Great	Comments
Teachable	1 2 3 4 5	6 7 8 9 10	_____
Prompt	1 2 3 4 5	6 7 8 9 10	_____
Follows instructions	1 2 3 4 5	6 7 8 9 10	_____
Follow-through ability	1 2 3 4 5	6 7 8 9 10	_____
Selfish	1 2 3 4 5	6 7 8 9 10	_____
Emotionally balanced	1 2 3 4 5	6 7 8 9 10	_____
Friendly	1 2 3 4 5	6 7 8 9 10	_____
Trustworthy	1 2 3 4 5	6 7 8 9 10	_____
Outgoing	1 2 3 4 5	6 7 8 9 10	_____
Gets along with others	1 2 3 4 5	6 7 8 9 10	_____
Leadership	1 2 3 4 5	6 7 8 9 10	_____
Works well with others	1 2 3 4 5	6 7 8 9 10	_____
Work ethic	1 2 3 4 5	6 7 8 9 10	_____
Temperamental, angry	1 2 3 4 5	6 7 8 9 10	_____
Tactful	1 2 3 4 5	6 7 8 9 10	_____
Intelligent	1 2 3 4 5	6 7 8 9 10	_____
Honest, transparent	1 2 3 4 5	6 7 8 9 10	_____
Organized	1 2 3 4 5	6 7 8 9 10	_____
Flexible	1 2 3 4 5	6 7 8 9 10	_____

Please comment on the applicant's spiritual life.

I recommend_____ do not recommend_____ the applicant for the summer staff. (Check one)

What specific reason(s) would you give for accepting or not accepting the applicant into the staff team?

I expect the applicant's work to be (circle one):

SUPERIOR GOOD AVERAGE POOR

Signature of Reference Person _____

Position _____ Date _____

Address _____

City _____ State _____ Zip _____

Phone _____

E-mail _____