

# REFERENCE FORM

## FOR SUMMER & YEAR-ROUND CAMP STAFF APPLICANTS

FOR \_\_\_\_\_

*To the applicant:* 1) Print your full name above. 2) Attach this form to a stamped and pre-addressed envelope. (Address the envelope as below to Koinonia Community).

**The Koinonia Community**  
**165 Lakeview Dr.**  
**Highland Lake, NY 12743**  
**(845) 557-0517 fax**  
**(800) 980-2267**

[www.KoinoniaNY.org](http://www.KoinoniaNY.org)

[KoinoniaNY@yahoo.com](mailto:KoinoniaNY@yahoo.com)

Dear Reference,

The above person has applied for a position with The Koinonia Community. It is very important for our staff members to work well with children, adults, and other staff. We therefore would appreciate your honest evaluation of this applicant. Your response will be kept in the strictest confidence. Please return this form to the address printed above.

<b>Please check the appropriate box for each concern.</b>					
	Excellent	Good	Fair	Poor	No Response
General Character					
Dependability					
Ability to be a Christian Role Model					
Ability to relate to children					
Ability to relate to peers					
Ability to relate to supervisors					
Ability to relate to pastors/ church leaders					
Ability to assume leadership roles					
Ability to assume responsibility					
Ability to work under stress and tension					
Ability to function as a part of the team					
Past involvement in the life of the church					
First Impressions					
Ability to be Flexible					

**OVER PLEASE →**

**Please answer these questions.**

How long have you known the applicant and in what capacity?

Would you have any reservations about your child being in the care of this person? If yes, please explain.

Would you recommend this person to serve on a camp staff? Please explain.

To your knowledge, has the applicant ever been accused of child or sexual abuse?

Please feel free to make additional comments.

**Thank you for taking the time to help us! Please complete the following and mail.**

Signed \_\_\_\_\_ Date \_\_\_\_\_

Also please print name \_\_\_\_\_ Position or Title \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ ZIP \_\_\_\_\_

Work Phone (     ) \_\_\_\_\_ Home Phone (     ) \_\_\_\_\_