



Michigan Region Missionary Church

1091 Creekwood Trail
Burton, MI 48509
Phone: 810-742-7462
Fax: 810-742-8102
Email: office@mcmichigan.org

CAMP STAFF REFERENCE FORM

Applicant: Please provide the information on the first portion of this form.
Applicant Information

Please check all camps that apply: **Brown City Youth** **Happy Time** **Mancelona Youth**

Applicant Name: _____

Applicant Address: _____

Referent Information

Name: _____

Address: _____

Phone No: _____ Email Address: _____

Title/Position: _____ Organization: _____

How long have you known the applicant? _____ In what capacity? _____

Would you trust this person at camp with your child? _____

What do you consider to be the applicant's strengths or weaknesses as a counselor?

Do you know of any area in which the applicant might need special attention? _____

Please rank the applicant on a scale of 0 to 4 in the following areas:
(0 = cannot report, 1 = below average, 2 = average, 3 = above average, 4 superior)

Intellect	Initiative	Reliability	Leadership	Compassion	Moral Integrity	Emotional Stability	Social Skills	Christian Commitment

I recommend the applicant (please check one of the following):
Without reservation Strongly With reservation No recommendation

I prefer to discuss this further. Please call me at this number during the day: _____

Signature: _____

Date: _____

Return completed reference form to: Michigan Region Missionary Church ~ 1091 Creekwood Trail ~ Burton, MI 48509