

Camp Allen Staff Reference Form

Applicant's Name _____ Date _____

The above applicant has applied for a job at Camp Allen this summer. We are looking for people who have a strong Christian faith, enthusiasm, initiative, and a love for working with children. Because of the importance of the work and tasks of selecting the right person, we would appreciate your candid opinion of the applicant. **All of this information will be kept confidential.** Thank you.

How long have you known the applicant? _____

In what capacity? _____

Would you be willing to have your child under the leadership and influence of the applicant this summer?

____ Yes ____ No

Please explain. _____

Additional Comments _____

We are counting on your information as one of the important factors in our decision for them to be on staff at Camp Allen.

Your Name _____ Your Occupation _____

Address _____ State _____ Zip _____

Phone Number _____ - _____ - _____

Thank you, and we appreciate your time.

Return to:

**CAMP ALLEN
RT 1, BOX 45
GREENVILLE, MO 63944
PHONE 573-224-3826
FAX: 573-224-5481
E-MAIL: campallen@Hughes.net**