

Waycross, Inc. – Episcopal Camp & Conference Center
7363 Bear Creek Road, Morgantown, IN 46160
Phone: 812-597-4241 or 800-786-2267 Fax: 812-597-4291
Email: summercamp@waycrosscenter.org

Reference request for: _____ Name of reference giver: _____

Position applied for: _____ Date: _____

Dear Madam or Sir:

I would appreciate your assistance. The person listed above has applied to work at Waycross Camp this summer and used you as a personal or work reference. Please take a couple of minutes to answer a few questions about this person in regards to their skills and abilities as they apply to the position listed above. Thanks for your help and input. It is important to have honest and accurate information to evaluate this person's skills and whether or not they are an appropriate person for work with children in a camp environment. This information becomes part of the file of this person.

Thank you for your help in this matter. Your timely and honest answers are appreciated and valued. Use an additional sheet if extra space is needed. A stamped envelope is enclosed for your convenience.

Coral J. Hamlin – Director of Youth Ministries and Summer Camp

1. How long have you known this person and in what capacity? _____

2. If it was a work relationship, what was their job title(s), _____, and would you rehire this person? YES NO Explain: _____

3. Does this person have the maturity and ability to function well in a residential camp setting? YES NO Explain: _____

4. Please rate their performance/skill: 5=excellent, 3=average, 1=poor, NA=not applicable.

Please circle answers.

- | | | | | | | |
|---|---|---|---|---|---|----|
| A. Work and discipline habits | 1 | 2 | 3 | 4 | 5 | NA |
| B. Ability to work well with children | 1 | 2 | 3 | 4 | 5 | NA |
| C. Ability to work well with peers | 1 | 2 | 3 | 4 | 5 | NA |
| D. Ability to work with supervisor or authority figure | 1 | 2 | 3 | 4 | 5 | NA |
| E. Ability to respond to emergencies or pressure situations | 1 | 2 | 3 | 4 | 5 | NA |
| F. Ability to listen to and follow directions | 1 | 2 | 3 | 4 | 5 | NA |
| G. Emotional stability | 1 | 2 | 3 | 4 | 5 | NA |
| H. Overall recommendation as a camp staff member | 1 | 2 | 3 | 4 | 5 | NA |

(OVER)

5. Would you like a Waycross representative to call you about this candidate? YES NO

6. Do you know or have reason to know that this individual has ever engaged in sexual misconduct*? YES NO If YES, please clarify about the possibility that the applicant has engaged in sexual misconduct _____

7. Other comments about this applicant _____

Please print the following information:

Name: _____ Email Address: _____

Address: _____

May we call you? YES NO If yes, please list phone number: _(_____)_____

Signature: _____ **Date:** _____
(Please sign, date, and return in the provided envelope)

*Sexual misconduct is defined as sexual abuse or molestation of any person, including but not limited to, any sexual involvement or sexual contact with a person who is a minor or who is legally incompetent; or sexual harassment in a situation where there is employment relationship between persons involved, including but not limited to sexually oriented humor or language; questions or comments about sexual behavior or preference unrelated to employment qualifications; undesired physical contact; inappropriate comments about clothing, appearance; or repeated requests for social engagements; or sexual exploitation, including but not limited to, the development of or the attempt to develop a sexual relationship between a cleric, employee or volunteer and a person with whom he/she has a pastoral (or supervisory) relationship, whether or not there is apparent consent from the individual.

****Thank You!****