



SUMMER STAFF REFERENCE

Lake Chautauqua Lutheran Center

5013 Route 430, Bemus Point, NY 14712
 PHONE 716.386.4125 FAX 716.386.5714 EMAIL contact@lclcenter.org

Online Form found at: www.lclcenter.org/contact

Reference Request For _____
first & last name of applicant

Applicant ~ Please write in your name to the left, send or give this form to your reference, and asked him/her to send it back directly to LCLC as soon as possible. Applications are not complete until at least three references have been received.

Dear Reference,

The person named above is giving you this reference form because he or she has applied for a summer youth camp position at Lake Chautauqua Lutheran Center (LCLC). Your reference responses will remain in strict confidence. It is important for LCLC to receive an honest and insightful view of our applicants in pursuit of a quality Christian camp staff. Please complete this reference form and return it directly to LCLC at the above address. Thank you!

Lee M. Lindeman, Executive Director

1. How long have you known the applicant? (please state duration and dates)

2. In what capacity or relationship have you known the applicant?

3. For the following items, please rate the applicant, circling the appropriate code number with:

0 = No Response; 1 = Poor; 2 = Fair; 3 = Good; and 4 = Excellent

Additional comments are welcomed.

a. Dependability	0	1	2	3	4	k. Leadership abilities	0	1	2	3	4
b. Christian role model	0	1	2	3	4	l. Responsibility	0	1	2	3	4
c. Relating with children	0	1	2	3	4	m. Dealing with stress	0	1	2	3	4
d. Relating with teenagers	0	1	2	3	4	n. Is a "team player"	0	1	2	3	4
e. Relating with peers	0	1	2	3	4	o. Self-confidence	0	1	2	3	4
f. Relating with supervisors	0	1	2	3	4	p. Existing commitment to the Christian church	0	1	2	3	4
g. Working with others	0	1	2	3	4	q. Personal hygiene	0	1	2	3	4
h. Following rules and instructions	0	1	2	3	4	r. Appropriate appearance and attire	0	1	2	3	4
i. Relating to pastors and other church leaders	0	1	2	3	4	s. Emotional maturity	0	1	2	3	4
j. Self-motivation	0	1	2	3	4	t. Spiritual maturity	0	1	2	3	4

4. Would you leave your child in the overnight care of this applicant? Please explain.

5. To your knowledge, has the applicant ever been accused of any child, sexual, emotional, or physical abuse?

6. What are the applicant's strongest characteristics and attributes?

7. What are the applicant's strongest skills, talents, and/or abilities?

8. In what ways would you like to see the applicant grow?

9. May Lake Chautauqua Lutheran Center call you
if there is any question about your reference responses? Yes No

↓
If yes, when is the best time to call? _____

10. Please feel free to make any additional comments.

Signed _____ Date ____/____/20____

Please Print Name _____ Occupation _____

Address _____ Apt. # _____

City _____ State _____ Zip _____

Home Phone (____) _____ Work Phone (____) _____ Email _____

Thank you for your time!