Buckhorn Camp Staff
NON RELATED ADULT REFERENCE FORM

CONFIDENTIAL

APPLICANT'S NAME ADDRESS, CITY, STATE, ZIP PHONE

The above individual is applying for a staff position at Buckhorn Camp. This will be a special ministry experience working with children of elementary and middle school age.

As a non-related adult friend, we appreciate you opinion of this individual to utilize them in the proper capacity. *He/she will be working in direct contact with youth*

I would rate the applicant… (please rate the applicant on each attribute listed – please note any comments)

	Lowest 1	2	3	4	5 Highest	COMMENTS
PHYSICAL CONDITION						
PHYSICAL APPEARANCE						
EMOTIONAL STABILITY						
MORAL STANDARDS						
INTERPERSONAL SKILLS						
POSITIVE ATTITUDE						
GIFT / TALENTS						

My general opinion and additional comments I have about this individual:_____

_____

_____

_____

I have know this person for _____years and I ☐ would ☐ would not recommend this person for your staff.

Would you leave your child in this person's care for one week? ☐ Yes ☐ No

Why, or why not?_____

_____

_____

Please complete this form and return it as soon as possible to:
BUCKHORN CAMP
PO BOX 125
BELLVUE, CO 80512

Please print:

Name _____

Signiture_____

Address_____

City_____State_____Zip_____

Phone(_____)_____Date_____

☐ Please contact me concerning this applicant.