



**United Methodist Camps
of the
New York Annual Conference**



Reference Form

Applicant Information

Name: _____ Phone No.: _____

Position(s) applying for: _____

Camp applying to: _____

I waive my right to view this completed reference form.

Yes

No

Signed: _____ Date _____

Reference Information

If the applicant has checked “yes” above, the information you provide will be kept confidential. If the applicant has checked “no”, your reference will be made available to the applicant if he or she requests it.

Name: _____

Relationship to applicant: _____

Organization: _____ Position: _____

Work ph.: _____ Home ph.: _____

Address: _____

City: _____ State: _____ Zip: _____

Email: _____

Fax: _____

Please provide the following information about the applicant to the best of your knowledge and mail or fax this form as soon as possible. Please be aware that we cannot process this person’s application until we have received this form from you. If you have further comments beyond the scope of this form, please use a separate sheet of paper.

Your Experience with the Applicant

How long have you known the applicant? _____

In what capacity/relationship? _____

How well do you know the applicant?

- Not very well
- Fairly well
- Very well
- Very close relationship

How recent is your contact with this individual?

- More than a year since corresponding
- More than a year since seeing in person
- We have interacted in person in the past year
- Current and regular contact

Have you observed the applicant in a leadership role with children or youth?

- Yes
- No

How well did the applicant manage his or her responsibilities in that role?

- Exceptionally well
- Very Well
- Adequately
- Inadequately

What strengths would the applicant bring to a position at a camp for youth and children?

What characteristics of the applicant do you feel need further work or development?

Would you be pleased to have your own children in the care of this individual?

Yes

No

Why or why
not? _____

What evidence have you seen of the applicant's maturity?

Is there anything else you believe should be considered in the potential hiring of this applicant?

Recommendation

Would you recommend this applicant for the position(s) for which he or she is applying?

Highly recommend

Recommend

Recommend with reservations

Not able to recommend at this time

Signature: _____ Date _____

Please return this completed form to the appropriate address:

Epworth Camp & Retreat Center
8 Epworth Lane
High Falls, NY 12440

Quinipet Camp & Retreat Center
P.O. Box 549
Shelter Island Heights, NY 11965