



Camp Fire USA™

Today's kids. Tomorrow's leaders.

Camp Staff Personal Reference Form

To be completed by an adult not related to the applicant.

Applicant's Name: _____

Position applying for: _____

The person sending you this form is applying for a camp staff position with Camp Fire USA Orca Council. When answering these questions, please remember that Camp Fire offers safe, wholesome, and age appropriate programs in an outdoor camp setting. The behavior, personality and maturity of camp staff can often influence campers more than the program.

How long have you known the applicant? _____

What is your relationship to the applicant? _____

Have you observed the applicant around children? Yes No

Do you have any concerns about the applicant's ability to work with children?

Yes No If yes, please describe:

Have you observed this applicant in a stressful situation? Yes No

If yes, please describe the situation and how the applicant handled it.

Camp staff members work with other youth and adult staff. With this in mind, please rate the applicants on the following traits:

| | | | |
|----------------------------|-------------------------------|--------------------------------------|--|
| Patience | <input type="checkbox"/> High | <input type="checkbox"/> Appropriate | <input type="checkbox"/> Low |
| Maturity | <input type="checkbox"/> High | <input type="checkbox"/> Appropriate | <input type="checkbox"/> Low |
| Reliability | <input type="checkbox"/> High | <input type="checkbox"/> Appropriate | <input type="checkbox"/> Low |
| Initiative | <input type="checkbox"/> High | <input type="checkbox"/> Appropriate | <input type="checkbox"/> Low |
| Attitude | <input type="checkbox"/> High | <input type="checkbox"/> Appropriate | <input type="checkbox"/> Low |
| Relationships with peers: | | <input type="checkbox"/> Appropriate | <input type="checkbox"/> Inappropriate |
| Relationships with adults: | | <input type="checkbox"/> Appropriate | <input type="checkbox"/> Inappropriate |
| Additional Comments: | | | |

Additional comments regarding this applicant:

Can we share this reference with the applicant? Yes No
Can we contact you for additional information? Yes No

Name: _____ Best time to call: _____

Home Phone: (____) _____ Cell Phone: (____) _____ Work Phone: (____) _____

E-mail: _____

Thank you for your time.

Johna Noble
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