

CAMP TRINITY, C/O MARY BETH GAY, DIRECTOR
REFERENCE QUESTIONNAIRE...CONFIDENTIAL
P.O. DRAWER 380, SALTER PATH, NC 28575
(252)247-5600 OR (888)874-6287

Your name has been given as a reference by _____ (the applicant) who submitted an application to work as an employee with Camp Trinity. We would appreciate your completing this form and returning it in the enclosed envelope so that we may make a decision on the applicant's ability to fulfill this commitment. All information will be confidential. Thank you.

(Signature of person requesting the reference)

Please rate the applicant objectively, indicating your opinion by an X.

- | | | | | |
|--------------------------------|-----------------------------------|--|----------------------------------|--|
| Integrity | <input type="checkbox"/> Superior | <input type="checkbox"/> Above Average | <input type="checkbox"/> Average | <input type="checkbox"/> Below Average |
| Intellectual Attainment | <input type="checkbox"/> Superior | <input type="checkbox"/> Above Average | <input type="checkbox"/> Average | <input type="checkbox"/> Below Average |
| Emotional Stability | <input type="checkbox"/> Superior | <input type="checkbox"/> Above Average | <input type="checkbox"/> Average | <input type="checkbox"/> Below Average |
| Social Concern | <input type="checkbox"/> Superior | <input type="checkbox"/> Above Average | <input type="checkbox"/> Average | <input type="checkbox"/> Below Average |
| Cooperative Attitude | <input type="checkbox"/> Superior | <input type="checkbox"/> Above Average | <input type="checkbox"/> Average | <input type="checkbox"/> Below Average |
| Initiative | <input type="checkbox"/> Superior | <input type="checkbox"/> Above Average | <input type="checkbox"/> Average | <input type="checkbox"/> Below Average |
| Appearance | <input type="checkbox"/> Superior | <input type="checkbox"/> Above Average | <input type="checkbox"/> Average | <input type="checkbox"/> Below Average |
| Leadership Capacity | <input type="checkbox"/> Superior | <input type="checkbox"/> Above Average | <input type="checkbox"/> Average | <input type="checkbox"/> Below Average |

1. How long have you known the applicant? _____
In what capacity? _____

2. Describe the applicant's reliability and willingness to make a commitment such as this. _____

3. What is this person's maturity of judgment? How does this person react in situations of stress or when making decisions? _____

4. Are you aware of any problems that would limit the applicant's ability to fulfill this obligation? If yes, please explain. _____

5. Are you aware of any problems or concerns that should limit or preclude this individual from working with children? _____
If yes, please explain. _____

6. Would you recommend the applicant for placement in a setting such as ours? _____
Or, do you feel he/she may be more suited for another type of position? If so, why?

7. Are you aware of any time at which the applicant's driver's license or other license (e.g., professional) has been suspended or revoked? If so, give full details.

8. Are you aware whether the applicant has ever been arrested or charged with driving under the influence? If so, please give full details known to you.

9. Are you aware whether the applicant has ever been convicted of child abuse or a crime involving actual or attempted sexual molestation? If so, Please explain.

10. Are you aware of any formal or informal charge, claim, or complaint ever having been made that the applicant has engaged in inappropriate sexual behavior? If so, please explain. Please note that this question does NOT seek any information concerning the sexual orientation of the applicant. _____

11. Is there any fact or circumstance about the applicant's background that would call into question the advisability of entrusting the applicant with the supervision, guidance, and care of young people? _____

12. Are you aware of any other information that would bear upon the appropriateness of the applicant's involvement in Camp activities? If so, please explain. _____

Other comments: Please feel free to call us at (888) 874-6287 or (252) 247-5600 if you have any additional information you feel would be helpful in our making this decision. (Please use the bottom portion of this application if there is any information you wish to give, or comments about the applicant's character, personality or experience).

Date: _____

Signature: _____

Address: _____

City: _____

State: _____ Zip Code: _____

Telephone: _____

PLEASE RETURN THIS REFERENCE TO:

MARY BETH GAY
 CAMP TRINITY
 P.O. DRAWER 380
 SALTER PATH, NC 28575

