

Reference Form for Camp Youth Volunteers
Southeastern District Church of the Brethren

Name: _____ **Phone:** _____

Address: _____ **City:** _____ **St:** _____

Camp Position: Cabin Leader Kitchen Staff other

Name of Reference: _____

Phone: _____ **Address:** _____

In what capacity have you known the above applicant for camp work?

Have you observed this person at work with children or youth? In what ways?

Are you aware of any problems of personality, social behavior or moral character which would prevent this applicant from performing as a camp worker with children?

I do I do not (circle one) recommend _____ for volunteering in our summer camping ministry.

Signature: _____

Note: One reference should be your pastor. All should be non-related.

Date: _____

This form needs to be turned in two weeks before camp starts.

**Mail to: Southeastern District Office 847 Cobblestone Place Kingsport, TN 37660
or email to sedoffice@charter.net or fax to 423-378-6027**