



Pastor/Youth Director

PINE SPRINGS CAMP

814-629-9834 : www.pinesprings.org

SUMMER STAFF RECOMMENDATION FORM

_____ has submitted an application for a summer staff position at Pine Springs Camp. This recommendation is an important and helpful part of the application process. Please complete the following questions and mail this form directly to Pine Springs Camp. Thank you for your honesty and for your time.

Name of person completing this form: _____

Phone number _____ Email: _____

Relationship to applicant: _____

How long have you known the applicant? _____

1. How has the applicant continued to grow in their faith?
2. Would you trust your own child under the direct charge and influence of this person? Why?
3. Do you believe he/she is qualified to work with children in a Christ-centered program? Explain.
4. Any concerns or hesitations?
5. Any additional comments.

Please circle any words that describe the applicant.

Leader	Follower	Team Player	Respected	Dependable	Hardworking
Confident	Immature	Mature	Organized	Spontaneous	Boisterous
Shy	Outgoing	Compassionate	Withdrawn	Involved	Teachable
Personable	Honest	Procrastinates			

Check which applies: I highly recommend this applicant! [] I do not recommend this applicant []

Signature: _____ Date: _____ Thank you!

Please mail directly to Pine Springs Camp

PO BOX 186 Jennerstown, PA 15547/ Office: 814.629.9834 / Fax: 814.629.6520 / www.pinesprings.org