



# Camp Lael Employment Reference Form

Please return to Camp Lael at 2062 Ferns Road Lapeer, Michigan 48446

Phone: 1-810.664-6795 email: jimdavis@camplael.com

This form and your responses are confidential. Please do not return the reference form to the applicant but rather mail it directly to Jim Davis at Camp Lael. Michigan state law requires that all camp employees who work directly with children have three positive statements of reference on file. Verbal references over the phone cannot be accepted. Thank you for your time and consideration in filling out this reference form.

\_\_\_\_\_ has applied for a summer staff position at Camp Lael in Lapeer, Michigan. You have been chosen by them to fill out a reference. Your reply is confidential. Qualifications for employment include: a deep personal relationship with Jesus Christ, a strong physical constitution and love for the out-of-doors, a wholesome personality and willingness to share it, emotional stability, and the ability to work harmoniously with others as a team. Please be honest concerning the applicants strengths and weaknesses as they apply to the above characteristics.

Spiritual experience 1 \_\_\_\_\_ 2 \_\_\_\_\_ 3 \_\_\_\_\_ 4 \_\_\_\_\_ 5  
Relatively superficial Rich and growing

Emotional stability 1 \_\_\_\_\_ 2 \_\_\_\_\_ 3 \_\_\_\_\_ 4 \_\_\_\_\_ 5  
Somewhat over emotional always maintains balance

Responsiveness to feeling of others 1 \_\_\_\_\_ 2 \_\_\_\_\_ 3 \_\_\_\_\_ 4 \_\_\_\_\_ 5  
Insensitive responds with caring

Teamwork 1 \_\_\_\_\_ 2 \_\_\_\_\_ 3 \_\_\_\_\_ 4 \_\_\_\_\_ 5  
Causes friction most effective in teamwork

Leadership ability 1 \_\_\_\_\_ 2 \_\_\_\_\_ 3 \_\_\_\_\_ 4 \_\_\_\_\_ 5  
Makes no effort good leadership ability

Work habits 1 \_\_\_\_\_ 2 \_\_\_\_\_ 3 \_\_\_\_\_ 4 \_\_\_\_\_ 5  
Starts, but doesn't finish self motivated

Additional comments (if any): \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

If your child was attending camp would you allow the applicant to be responsible for your child \_\_\_\_\_  
(this question must be answered by the person giving the reference to comply with State of Michigan camp licensing)

If not, why? \_\_\_\_\_  
\_\_\_\_\_

Your name \_\_\_\_\_ today's date \_\_\_\_\_

Address \_\_\_\_\_ phone \_\_\_\_\_

Relationship to applicant \_\_\_\_\_ Signature \_\_\_\_\_