

# CAMP SONSHINE ASSISTANT COUNSELOR REFERENCE

Please send out three (3) reference forms to be completed by:  
1. a close friend, 2. a teacher/employer, and 3. a pastor/youth leader.

## AC Information: (AC applicant: Please fill in the information below)

\_\_\_\_\_  
First Name M.I. Last Name

\_\_\_\_\_  
Street Address Home Phone Number

\_\_\_\_\_  
City State Zip Code Email Address

## Personal Reference Information: (To be completed by reference)

\_\_\_\_\_  
Name Telephone Number Relation to Applicant

\_\_\_\_\_  
Address City State Zip Code

How long have you known the applicant? \_\_\_\_\_ In what capacity? \_\_\_\_\_

## Evaluation:

The person mentioned above has applied for Camp Sonshine's Assistant Counselor summer program. Camp Sonshine is a Christian day camp whose purpose is to communicate the love of God to children. This position requires the applicant to work directly with an older counselor in tending to the needs of our children. We therefore ask you to complete this form carefully and thoughtfully.

	Excellent	Above Avg.	Average	Below Avg.	Poor	N/A
Teachable, Follows instruction						
Personable, Friendly						
Maturity, Development						
Sense of Humor						
Temper Control, Tact						
Leadership Ability, Outgoing						
Integrity, Trustworthy						
Ability to Work With Children						
Christian, Moral Behavior						

Further comments you have regarding the applicant that would help in our evaluation: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

CHECK ONE:  I recommend with confidence  I recommend  I recommend with reservation  I do not recommend

## THANK YOU!

### PLEASE RETURN THIS REFERENCE FORM TO:

Camp Sonshine, ATTN: AC Program, 16819 New Hampshire Ave, Silver Spring, MD 20905  
FAX: (301) 989-7116 PHONE: (301) 989-2267 TOLL-FREE: (888) 883-2285  
EMAIL: mwatkins@campsonshine.org