

# Lake Whitney Ranch

## Summer Camp Recommendation Form

mail to: Summer Camp Director P.O. Box 800 Alvarado TX 76009

(Name) \_\_\_\_\_ has applied to LWR for Summer Camp.

1. Would you want this person to be your child's counselor for a week of summer camp?

Yes \_\_\_ No \_\_\_

Explain: \_\_\_\_\_

2. Does this young person have any special talents or abilities that could be used at summer camp?

Explain: \_\_\_\_\_

3. To your knowledge, has this person ever used any drugs, alcohol, or tobacco?

Yes \_\_\_ No \_\_\_

4. Do you believe he/she has the character, ability and integrity to do a good job at summer camp?

Yes \_\_\_ No \_\_\_

5. Comments: \_\_\_\_\_

In your honest opinion, how would you rate this person in the following areas: (Please circle one)

Please add your comments:

Leader	10	9	8	7	6	5	4	3	2	1	Follower	_____
Spiritual	10	9	8	7	6	5	4	3	2	1		_____
Loyal to Church	10	9	8	7	6	5	4	3	2	1		_____
Intelligent	10	9	8	7	6	5	4	3	2	1		_____
Mentally Stable	10	9	8	7	6	5	4	3	2	1		_____
Self-Starter	10	9	8	7	6	5	4	3	2	1		_____
Dependable	10	9	8	7	6	5	4	3	2	1		_____
Sociable	10	9	8	7	6	5	4	3	2	1		_____
Good Health	10	9	8	7	6	5	4	3	2	1		_____
Likes Children	10	9	8	7	6	5	4	3	2	1		_____

How long have you known this person? \_\_\_\_\_

Would you recommend we hire him/her? Yes \_\_\_ No \_\_\_

Please add any additional comments (use back of the sheet if necessary): \_\_\_\_\_

Thank you for filling out this recommendation form. If you have any questions or additional comments, please don't hesitate in calling us!

Name: \_\_\_\_\_

Date: \_\_\_\_\_

Signature: \_\_\_\_\_

Position: \_\_\_\_\_

Address: \_\_\_\_\_

Telephone: \_\_\_\_\_