



# SUMMER STAFF REFERENCE

## Lake Chautauqua Lutheran Center

5013 Route 430, Bemus Point, NY 14712  
 PHONE 716.386.4125 FAX 716.386.5714 EMAIL [contact@lclcenter.org](mailto:contact@lclcenter.org)

Reference Request For \_\_\_\_\_  
*first & last name of applicant*

**Applicant** ~ Please write in your name to the left, send or give this form to your reference, and asked him/her to send it back directly to LCLC as soon as possible. Applications are not complete until at least three references have been received.

**Dear Reference,**

The person named above is giving you this reference form because he or she has applied for a summer youth camp position at Lake Chautauqua Lutheran Center (LCLC). Your reference responses will remain in strict confidence. It is important for LCLC to receive an honest and insightful view of our applicants in pursuit of a quality Christian camp staff. Please complete this reference form and return it directly to LCLC at the above address. Thank you!

Lee M. Lindeman, Executive Director

1. How long have you known the applicant? (please state duration and dates)

2. In what capacity or relationship have you known the applicant?

3. For the following items, please rate the applicant, circling the appropriate code number with:

**0 = No Response; 1 = Poor; 2 = Fair; 3 = Good; and 4 = Excellent**

Additional comments are welcomed.

a. Dependability	0	1	2	3	4	h. Self-motivation	0	1	2	3	4
b. Christian role model	0	1	2	3	4	i. Leadership abilities	0	1	2	3	4
c. Relating with children	0	1	2	3	4	j. Responsibility	0	1	2	3	4
d. Relating with teenagers	0	1	2	3	4	k. Dealing with stress	0	1	2	3	4
e. Relating with peers	0	1	2	3	4	l. Is a "team player"	0	1	2	3	4
f. Relating with supervisors	0	1	2	3	4	m. Self-confidence	0	1	2	3	4
g. Following rules and instructions	0	1	2	3	4	n. Emotional maturity	0	1	2	3	4
						o. Spiritual maturity	0	1	2	3	4

4. Would you leave your child in the overnight care of this applicant? Please explain.

5. To your knowledge, has the applicant ever been accused of any child, sexual, emotional, or physical abuse?

6. What are the applicant's strongest characteristics?

7. What are the applicant's strongest skills, talents, and/or abilities?

8. In what areas could the applicant grow or mature?

9. May Lake Chautauqua Lutheran Center call you  
if there is any question about your reference responses?     Yes     No

↓  
If yes, when is the best time to call? \_\_\_\_\_

10. Please feel free to make any additional comments.

Signed \_\_\_\_\_ Date \_\_\_\_/\_\_\_\_/20\_\_\_\_

Please Print Name \_\_\_\_\_ Occupation \_\_\_\_\_

Address \_\_\_\_\_ Apt. # \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Home Phone (\_\_\_\_) \_\_\_\_\_ Work Phone (\_\_\_\_) \_\_\_\_\_ Email \_\_\_\_\_

***Thank you for your time!***