



RETURNING STAFF REFERENCE FORM

Date: _____

(This section to be completed by Applicant)

APPLICANT'S NAME: _____

ADDRESS: _____

TELEPHONE: _____

POSITION(S) APPLIED FOR: _____

DO YOU HAVE A SISTER/BROTHER ATTENDING CAMP? _____

WOULD YOU LIKE TO HAVE THEM IN YOUR CABIN? _____

WHAT AGE GROUP WOULD YOU LIKE TO HAVE IN YOUR CABIN? _____

Can you be there the afternoon of June 15-21(Arrows) or Aug. 3-9(Rubies)? _____

(This section to be completed by your Parents)

We appreciate your comments and assistance in choosing workers for summer service. Your son/daughter is being considered to come back for another year of summer camps. We would appreciate if you would fill out this reference form and answer the questions as honestly and specifically as you are able. If you have further comments, you may call the Director (Cloyd Good) at 717-445-4124. Thank you.

1. Is the applicant living a Christian life/lifestyle? _____

2. Do you feel that he/she would be able to minister to others? _____

3. To your knowledge, is the applicant discreet in all his/her relationships with the opposite sex according to biblical Christian standards? _____

4. Are there any negative tendencies of which we should be aware? _____

5. Additional Comments can be made on backside of this reference form.

Signature: _____ Date: _____

Please **do not return** this form to the applicant. Mail or Email this reference form directly to:

Keystone Arrows/Rubies Camps
Attention: Cloyd Good, Director
992 Dry Tavern Rd. Denver PA, 17517
Cloyd's cell (717)445-4124 Bethanne's cell (717)947-0531
keystonecamps@hotmail.com



PERSONAL REFERENCE FORM

Date: _____

(This section to be completed by Applicant)

APPLICANT'S NAME: _____

ADDRESS: _____

TELEPHONE: _____

POSITION(S) APPLIED FOR: _____

(This section to be completed by your Pastor)

We appreciate your comments and assistance in choosing workers for summer service. Please answer the questions as honestly and specifically as you are able. If you have further comments, you may call the Director (Cloyd Good) at 717-445-4124. Thank you.

1. How well do you know the applicant and in what capacity? _____

2. Is the applicant living a Christian life/lifestyle? _____

3. Do you feel that he/she would be able to minister to others? _____

4. To your knowledge, is the applicant discreet in all his/her relationships with the opposite sex according to biblical Christian standards? _____

5. Are there any negative tendencies of which we should be aware? _____

6. Would you want your child placed under the care and influence of this individual? _____

7. Additional Comments: _____

YOUR NAME: _____ PHONE: _____

ADDRESS: _____ POSTAL / ZIP CODE: _____

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