

The Vineyard

Staff Reference Form, 2010 Season

RETURN TO:
 The Vineyard
 1945 Vineyard Rd.
 Westfield, NC 27053
 USA
 Tel: 1-336-351-2070
 Fax: 1-336-351-2902
letters@vineyardcamp.com
www.vineyardcamp.com



Please check sessions(s) of attendance: A B C D E F G H I J K L M

Name of the Applicant: _____	Name of Reference: _____
Relation of Reference to Applicant: _____	
(The one giving reference must be the Priest / Minister, Professor, or employer of the applicant)	

The Vineyard Camp and Conference Center of North Carolina has received an application from the above-mentioned applicant to serve as Summer Counselor in the USA. As sponsoring agency of the United States State Department, we must receive at least three references on this young person. Please assist us by answering the following questions as honestly as possible.

Thank you for your time and concern.

Sincerely Yours,

Dean Barley
 Executive Director and President

CERTIFIED BY:



How long have you known the applicant? _____

In what capacity have you known this person? _____

To the best of your knowledge,

- | | |
|---|--|
| A. Has this person ever been convicted of a crime? | NO <input type="checkbox"/> YES <input type="checkbox"/> |
| B. Is a trial pending for this person? | NO <input type="checkbox"/> YES <input type="checkbox"/> |
| C. Has this person ever been fired or terminated by an a employer? | NO <input type="checkbox"/> YES <input type="checkbox"/> |
| D. Has this person ever been involved with sale, production or distribution of pornographic materials? | NO <input type="checkbox"/> YES <input type="checkbox"/> |
| E. Sexual assault? | NO <input type="checkbox"/> YES <input type="checkbox"/> |
| F. Prostitution? | NO <input type="checkbox"/> YES <input type="checkbox"/> |
| G. Indecent exposure? | NO <input type="checkbox"/> YES <input type="checkbox"/> |
| H. Sexual contact with children? | NO <input type="checkbox"/> YES <input type="checkbox"/> |
| I. Does this person have a history of alcohol abuse? | NO <input type="checkbox"/> YES <input type="checkbox"/> |
| J. Has this person ever used illegal drugs? | NO <input type="checkbox"/> YES <input type="checkbox"/> |
| K. Has this person ever been charged with driving while intoxicated? | NO <input type="checkbox"/> YES <input type="checkbox"/> |

Please elaborate if you answered "YES" to any of the questions above (B-K)

L. Does this person show good adaptability?	NO	<input type="checkbox"/>	YES	<input type="checkbox"/>
M. Does this person show proper responsibility?	NO	<input type="checkbox"/>	YES	<input type="checkbox"/>
N. Does this person show initiative?	NO	<input type="checkbox"/>	YES	<input type="checkbox"/>
O. Does this person show wisdom in difficult situations?	NO	<input type="checkbox"/>	YES	<input type="checkbox"/>
P. Is this person enthusiastic?	NO	<input type="checkbox"/>	YES	<input type="checkbox"/>
Q. Is this person honest in all situations?	NO	<input type="checkbox"/>	YES	<input type="checkbox"/>
R. Does this person show leadership?	NO	<input type="checkbox"/>	YES	<input type="checkbox"/>
S. Is this person patient?	NO	<input type="checkbox"/>	YES	<input type="checkbox"/>
T. Does this person have a sense of humor?	NO	<input type="checkbox"/>	YES	<input type="checkbox"/>
U. Would you trust your child, alone, with this person?	NO	<input type="checkbox"/>	YES	<input type="checkbox"/>

Please elaborate if you answered "NO" to any of the questions above (L-U)

Signature of Reference	Date (mm/dd/yy)
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Address:	City:		
State:	Zip:	Country:	Phone:
<small>country code - area code - no.</small>			

Please mail this form to:

The Vineyard Camp and Conference Center 1945 Vineyard Road Westfield, NC 27053 USA	E-Mail: letters@vineyardcamp.com Tel: 1-877-CAMP-532 or 1-336-351-2070 Fax: 1-336-351-2902 Web: www.vineyardcamp.com
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