

The Vineyard

Vineyard International Counselor Program (V.I.C.P) 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
vicp@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 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 above-mentioned applicant has applied to serve as a Summer Counselor at a camp for children 6-16 years old in the USA. As a sponsoring agency of the United States State Department, we must receive at least three references on this applicant. 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:



www.summercamp.org

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. Has this person been accused of sexual assault? | NO <input type="checkbox"/> | | YES <input type="checkbox"/> |
| F. Has this person been involved in prostitution? | NO <input type="checkbox"/> | | YES <input type="checkbox"/> |
| G. Has this person been accused of indecent exposure? | NO <input type="checkbox"/> | | YES <input type="checkbox"/> |
| H. Has this person been accused of 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 (A-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)

Address:

City:

State:

Zip:

Country:

Phone:

country code - area code - no.

E-Mail Address:

Please fax or mail this form in a sealed envelope DIRECTLY to:

V.I.C.P.
1945 Vineyard Road
Westfield, NC 27053
USA

E-Mail: vicp@vineyardcamp.com
Tel: 1-877-CAMP-532 (in the USA)
Tel: + 1 (336) 351-2070 (from abroad)
Fax: + 1 (336) 351-2902
Web: www.vineyardcamp.com

**REFERENCE FORMS SUBMITTED DIRECTLY BY THE APPLICANT
WILL NOT BE ACCEPTED**