

Dear Potential Camp Weekaneatit Volunteer:

We are delighted you are interested in volunteering for Camp Weekaneatit! Please read through the enclosed application carefully.

Our summer camp is a full week session- July 25-31, 2009. Summer Camp begins for staff on Saturday and ends on Saturday. Campers arrive on Sunday. Camp will be held at Camp Will-a-Way at Fort Yargo state Park in Winder, Georgia. This property has been recently taken over by Camp Twin Lakes, and is in the process of a 4 million dollar renovation.

It is important to understand the amount of time we ask you to commit. You are volunteering your time for the entire week, and the work requires a great deal of patience, energy and respect for the children.

Camp Weekaneatit will hold volunteer training on Saturday July 25 until the campers arrive on Sunday July 26, 2009. The training is an integral part of your commitment to Camp Weekaneatit. There will also be some online training that is required prior to arriving for camp. The details of this training will be confirmed with you at your interview.

The deadline for applications is June 15th for summer camp. Included with this application you will find 3 "Personal Reference" forms. Forward to three individuals you list as references on your application. Each reference should return the completed form to Camp Weekaneatit as soon as possible. Also enclosed is a form for a criminal background check.

Thank you for your interest in Camp Weekaneatit. If you have any questions, please do not hesitate to email Susan Wagner at [SWagner@dixon-hughes.com](mailto:SWagner@dixon-hughes.com) or Dan Mathews at [Dan@camptwinlakes.org](mailto:Dan@camptwinlakes.org). We hope to have you join us at Camp Weekaneatit!

Please return the completed application to:

Camp Weekaneatit  
1391 Keencheefoonee Road  
Rutledge, GA 30663  
706-557-9147 (Fax)

# 2009 CAMP WEEKANEATIT APPLICATION FOR VOLUNTEERS

Date of Application \_\_\_\_\_

Name \_\_\_\_\_

Permanent Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_ County \_\_\_\_\_ DOB \_\_\_ / \_\_\_ / \_\_\_

Home Phone \_\_\_\_\_ Cell \_\_\_\_\_ Preferred E-mail address \_\_\_\_\_

Driver's License Number \_\_\_\_\_ State Issued \_\_\_\_\_

Occupation \_\_\_\_\_ Employer / School \_\_\_\_\_

Employer / School Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_ Work Phone \_\_\_\_\_

Fax if available: \_\_\_\_\_ Alternate email \_\_\_\_\_

May we publish your **address only** in the **Camper Directory**? Y N

May we publish your address, phone number and email address in the **Counselor Directory**? Y N

CIRCLE **T-SHIRT** SIZE PREFERENCE: S M L XL XXL

**Dietary Needs:** \_\_\_ Gluten Free (all meals will be GF) \_\_\_ Vegetarian (no chicken/fish/pork/beef) \_\_\_ Yes, I will eat chicken/fish, no red meat.

**Criminal Record:** Have you ever been convicted of a felony or misdemeanor other than minor traffic offenses? Y N If so, please attach explanation.

**Harassment:** Camp Weekaneatit's policy is to prohibit all forms of harassment by our volunteers. This includes sexual, racial religious, and other forms of harassment. Have you ever been accused of harassment of any person including, but not limited to, workplace harassment? Y N If so, please attach explanation.

**NOTE:** A prior conviction or accusation is not an automatic bar from volunteering. The type of conviction or accusation will be evaluated by Camp Weekaneatit before any decision is made.

PLEASE RETURN APPLICATION NO LATER THAN June 15 TO:  
CAMP WEEKANEATIT / 1391 Keencheefoonee Road / Rutledge, GA 30663  
PHONE: 706-557-9070 FAX: 706-557-9147

# 2009 SUMMER CAMP VOLUNTEER INFORMATION

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

## SUMMER CAMP:

What position would you prefer? Indicate 1<sup>st</sup> and 2<sup>nd</sup> choice.

\_\_\_ **Cabin Counselor:** Lives in a cabin with individual groups of campers, serving as their counselor and leader throughout the session. The cabin counselor is responsible for monitoring the daily health and safety of each camper assigned and identifying and meeting these campers needs. Must participate in daily programs and activities with campers.

\_\_\_ 8-9 year old boys

\_\_\_ 8-9 year old girls

\_\_\_ 10-12 year old boys

\_\_\_ 10-12 year old girls

\_\_\_ 13-14 year old boys

\_\_\_ 13-14 year old girls

\_\_\_ 15-17 year old boys

\_\_\_ 15-17 year old girls

\_\_\_ **Activity Counselor:** Develops and/or implements program activities to involve campers and their counselors during activity periods, in coordination with the Program Directors. Activity counselors help cabin counselors by assisting with campers during evening programs, meal times and other free times.

In the following list, put a "T" before those activities you can organize and teach as an expert, and an "A" for those activities in which you can assist.

\_\_\_ Arts & Crafts

\_\_\_ Unit Head

\_\_\_ Pottery

\_\_\_ Karate

\_\_\_ Sports & Games

\_\_\_ Dance

\_\_\_ Photography

\_\_\_ Music/Song Leader

\_\_\_ Wood Working

\_\_\_ Other \_\_\_\_\_ (we're always looking for new programs!)

\_\_\_ **Medical Staff:** Responsible for the general welfare of all campers while in residence at Camp Weekaneatit, the medical staff provides for normal daily needs, as well as first aid and emergency treatment for injuries and illnesses which may occur.

\_\_\_ Physician

\_\_\_ PNP

\_\_\_ RN

\_\_\_ Lab Tech

Please include photocopies of current medical license, BLS certification and driver's license. Physicians and any medical personnel NOT employed by Children's Healthcare of Atlanta, please include a copy of your Certificate of Insurance.

## 2009 SUMMER CAMP VOLUNTEER INFORMATION

**1. Why do you want to volunteer for Camp Weekaneatit 2009?**

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**2. What strengths do you feel that you bring to Camp Weekaneatit?**

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**3. It is always good to reevaluate our roles. Camp Weekaneatit wants to ensure that each volunteer is utilized in the most effective manner. In what role at summer camp do you feel you can be the best serve to the campers of Camp Weekaneatit and why?**

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**4. Are you willing to work with the staff of Camp Weekaneatit and Camp Twin Lakes to reach our goals and our mission of enriching the lives of children with celiac disease?**

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## CONDITIONS OF ACCEPTING A CAMP STAFF POSITION

1. All information regarding campers is highly confidential. You agree to never release any information, regarding Camp Weekaneatit campers, unless given permission by Camp Weekaneatit and camper's parent.
2. Camp Weekaneatit shall have permission to use your image or voice recording in print or on film or video for use in any advertisement or promotion concerning Camp Weekaneatit. Such use shall include, but shall not be limited to, any advertisement or promotion on television, radio, newspaper, magazine, promotional film, web page or flier, etc.
3. Camp Weekaneatit accepts no responsibility for the loss, damage, or theft of your property.
4. You agree that any medical/surgical emergency is your financial responsibility.
5. In case of medical and/or surgical emergency, you authorize the Camp Weekaneatit medical staff to render to you or to arrange for you to receive any x-rays, anesthetic, medical, dental or surgical diagnosis, surgery, or treatment and hospital care which is deemed advisable to and is to be rendered under, the supervision of any duly licensed physician, dentist or surgeon.
6. You acknowledge that certain activities at Camp Weekaneatit have an increased risk of injury. You assume full responsibility for your safety. You agree to release and indemnify Camp Weekaneatit, its corporate entity, and all of its agents, representatives, employees (paid and voluntary), from any claims, costs, expenses, and/or damages which you may sustain or incur by joining in such activities, unless restrictions for such activities are noted by you or your physicians.
7. You agree to arrive at the camp program at the specified time and remain through the end of the session and abide by all rules and regulations set forth by Camp Weekaneatit.
8. You agree to report to the Camp Weekaneatit Administrative Staff any accident or injury at the time of the incident.
9. You understand that untrue, misleading, or omitted information herein or in other documents may result in dismissal, regardless of the time of discovery by Camp Weekaneatit.

**All information is correct so far as I know. I acknowledge that I have read and understand and will accept all terms and conditions listed above pending my acceptance as a Camp Weekaneatit volunteer:**

Signed \_\_\_\_\_ Date \_\_\_\_\_

**CAMP TWIN LAKES, INC.**

**RELEASE, WAIVER, INDEMNIFICATION, AND HEALTH AFFIRMATION**

By signing this Release, Waiver, Indemnification, And Heath Affirmation below, I intend to be legally bound hereby, for myself, my minor children, my wards, my heirs, executors, administrators, successors, and assigns, and in consideration of Camp Twin Lakes, Inc.'s ("CTL") permitting me or my child to attend and participate in activities at CTL's facility ("Camp Will-A-Way"), I hereby release and forever discharge CTL and any of its officers, directors, employees, and agents from and against any and all damages of any kind whatsoever arising out of any injury, illness, infirmity, disease, or loss of any kind, personal or property, to me or my child during or related to me or my child's attendance at a camp at Camp Will-A-Way. I understand and certify that me or my child's participation in \_Camp Weekaneatit ("Partnering Organization") and its activities at Camp Will-A-Way is completely voluntary and I have familiarized myself with Partnering Organization's program and activities at Camp Will-A-Way in which I/my child/my ward will be participating. I recognize that certain hazards and dangers are inherent in Partnering Organization's activities and programs, and I acknowledge that CTL cannot ensure or guarantee that the participants, equipment, premises and/or activities will be free of hazards, accidents and/or injuries. I further recognize and have instructed me or my child, to the extent my child will be attending and participating in activities at Camp Will-A-Way, in the importance of knowing and abiding by the rules, regulations, and procedures for Partnering Organization's camp at Camp Will-A-Way. I also agree to defend, indemnify and hold CTL and its officers, directors, employees, and agents harmless from and against any and all damages, costs, claims, demands, actions or causes of action sustained by any other person as a result of me or my child's participation at Camp Will-A-Way, whether caused in whole or in part by the negligence of CTL, its officers, directors, employees or agents; provided, however, that this provision shall not operate to require indemnification to the extent such loss, cost, claim, damage, or expense is caused by the gross negligence or willful misconduct of CTL. Further, I attest that my health insurance will cover any medical and hospital expenses that me or my child incur and that I have received approval from a doctor authorizing me or my child to participate in the activities at Camp Will-A-Way. I further agree to inform Partnering Organization of any activities in which me or my child is not to participate.

**I have read and hereby accept the conditions described above. As an adult applicant, or the legal guardian of a minor applicant, I also give permission for myself (or the minor child or ward) to be treated by a doctor if needed.**

**Adult**

**Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**CAMP TWIN LAKES, INC.**

**RELEASE AND WAIVER OF COPYRIGHT AND OTHER USAGE RIGHTS**

By signing this Release And Waiver Of Copyright And Other Usage Rights below, I intend to be legally bound thereby, for myself, my minor children, my wards, my heirs, executors, administrators, successors, and assigns, acknowledging that Camp Twin Lakes, Inc., ("CTL") has the right to photograph, videotape, and/or create other audio-visual materials of me or my child's participation in activities of CTL's facility (collectively, the "Audio-Visual Materials") and that CTL has the royalty-free right to use the Audio-Visual Materials of me/my child/my ward in public relations, marketing and promotional activities and materials in any medium whatsoever including, but not limited to, videotapes, pamphlets, and brochures including use in print, radio, television and the internet. I further acknowledge that CTL shall have all rights of copyright in and to such Audio-Visual Materials and may exploit such copyright fully. I release and waive all rights and interests in and to such Audio-Visual Materials.

**I have read and hereby accept the conditions described above. As an adult applicant, or the legal guardian of a minor applicant, I also give permission for myself (or the minor child or ward).**

Adult signature: \_\_\_\_\_ Date: \_\_\_\_\_

Name of Minor Child: \_\_\_\_\_

# Staff Health History Form

The information on this form is not part of the staff acceptance process, but it is gathered to assist us in identifying appropriate care. Any changes to this form should be provided to camp health personnel upon your arrival in camp. Provide complete information so that Camp Weekaneatit can be aware of your needs.

**Name** \_\_\_\_\_ **Birth Date** \_\_\_\_\_ **Age at Camp** \_\_\_\_\_  
*first middle last*

**Home Address** \_\_\_\_\_  
*street address city state zip*

**Social Security Number** \_\_\_\_\_ **Gender** *Male Female*

**Emergency Contact** \_\_\_\_\_ **Phone** \_\_\_\_\_ **Cell** \_\_\_\_\_

**Address** \_\_\_\_\_  
*street address city state zip*

**If not available in an emergency, notify** \_\_\_\_\_

**Relationship** \_\_\_\_\_ **Phone** \_\_\_\_\_

**Insurance Information** Are you covered by health and accident insurance?  Y  N

Name of Carrier \_\_\_\_\_  
Address \_\_\_\_\_  
Phone \_\_\_\_\_ Group Number \_\_\_\_\_

**\*Please photocopy front and back of health insurance card and attach to this form**

<b>Allergies</b> List all known.	Describe reaction and management of the reaction
Medication Allergies	
_____	_____
_____	_____
_____	_____

Food Allergies	
_____	_____
_____	_____
_____	_____

Other Allergies – Include insect stings, hay fever, asthma, etc.

_____	_____
_____	_____
_____	_____

**Medications** Please list ALL medication (including over-the-counter or nonprescription drugs) taken routinely. Bring enough medication to last the entire time at camp. If you are bringing prescription drugs, keep it in the original packaging that identifies the prescribing physician, the name of the medication, the dosage, and the frequency of administration.

\_\_\_\_ I am taking NO medications on a routine basis.

I take the following medications:

1. \_\_\_\_\_ Dosage \_\_\_\_\_ Specific times taken each day \_\_\_\_\_  
Reason for taking \_\_\_\_\_

2. \_\_\_\_\_ Dosage \_\_\_\_\_ Specific times taken each day \_\_\_\_\_  
Reason for taking \_\_\_\_\_

Attach additional pages for more medications

**Dietary Needs:** \_\_\_ GF \_\_\_ Vegetarian (no chicken/fish/pork/beef) \_\_\_ Yes, I will eat chicken/fish, no red meat.

\_\_\_ Other (describe) \_\_\_\_\_  
\_\_\_\_\_

Explain any restrictions to activity (e.g. what cannot be done, what adaptations or limitations are necessary)  
\_\_\_\_\_  
\_\_\_\_\_

**General Questions** (Explain "yes" answers below.)

**Have you / Do you:**

- |   |   |   |   |   |   |
|---|---|---|---|---|---|
| 1.Had any recent injury, illness or infectious disease? | Y | N | 13.Ever had high blood pressure?                  | Y | N |
| 2.Have a chronic or recurring illness/condition?        | Y | N | 14.Ever been diagnosed with a heart murmur?       | Y | N |
| 3.Been hospitalized in the last 18 months?              | Y | N | 15.Ever had back problems?                        | Y | N |
| 4.Had surgery in the last 18 months?                    | Y | N | 16.Ever had problems with joints (knees, ankles)? | Y | N |
| 5.Have frequent headaches?                              | Y | N | 17.Have any skin problems (itching, rash, acne)?  | Y | N |
| 6.Ever had a head injury?                               | Y | N | 18.Have diabetes?                                 | Y | N |
| 7.Ever been knocked unconscious                         | Y | N | 19.Have asthma?                                   | Y | N |
| 8.Wear glasses, contacts or protective eye wear?        | Y | N | 20.Had mononucleosis in the past 12 months?       | Y | N |
| 9.Ever passed out during or after exercise?             | Y | N | 21.Had problems with diarrhea/constipation?       | Y | N |
| 10.Ever been dizzy during or after exercise?            | Y | N | 22.Have problems sleepwalking?                    | Y | N |
| 11.Ever had seizures?                                   | Y | N | 23.If female, have an abnormal menstrual history? | Y | N |
| 12.Ever had chest pain during or after exercise?        | Y | N | 24.Ever had an eating disorder?                   | Y | N |

Please explain any "yes" answers, noting the number of the question.  
\_\_\_\_\_  
\_\_\_\_\_

Which of the following have you had?

___ Measles	___	___	___	___	___	___
___ Chicken Pox	___	___	___	___	___	___
___ German Measles	___	___	___	___	___	___
___ Mumps	___	___	___	___	___	___
___ Hepatitis A	___	___	___	___	___	___
___ Hepatitis B	___	___	___	___	___	___
___ Hepatitis C	___	___	___	___	___	___

TB Mantoux Test: \_\_\_\_\_  
Date: \_\_\_\_\_  
Result: Positive Negative

Please give dates of immunizations

Vaccine	Mo/Yr	Mo/Yr	Mo/Yr	Mo/Yr	Mo/Yr	Mo/Yr
DTP/DTaP	___	___	___	___	___	___
DT/Td	___	___	___	___	___	___
Tetanus	___	___	___	___	___	___
Polio	___	___	___	___	___	___
Hep. B	___	___	___	___	___	___
Hib	___	___	___	___	___	___
MMR	___	___	___	___	___	___
Measles	___	___	___	___	___	___
Mumps	___	___	___	___	___	___
Rubella	___	___	___	___	___	___
Varicella	___	___	___	___	___	___

Name of Physician \_\_\_\_\_ Phone \_\_\_\_\_  
Address \_\_\_\_\_

Name of Dentist/Orthodontist \_\_\_\_\_ Phone \_\_\_\_\_  
Address \_\_\_\_\_

**If you have been exposed to any communicable disease, particularly chicken pox (which is especially dangerous to children on chemotherapy), during the month prior to a program, please contact us as soon as possible.**

<b>Screening Record (For camp use only)</b>	Screened by _____
Date screened _____ Time _____ am	Updates/additions to health history noted Y N None
Meds received _____	
Current health needs identified _____	
Observational notes _____	

# AUTHORIZATION/CONSENT

During the application process and at any time during the tenure of my employment/service with Camp Twin Lakes, Inc., I hereby authorize ChoicePoint Services Inc., on behalf of Camp Twin Lakes, Inc. and Camp Weekaneatit to procure a consumer report (known as an investigative consumer report in California) which I understand may include information regarding my character, general reputation, or personal characteristics. This report may be compiled with information from courts record repositories, departments of motor vehicles, past or present employers and educational institutions, governmental occupational licensing or registration entities, business or personal references, and any other source required to verify information that I have voluntarily supplied. I understand that I may request a complete and accurate disclosure of the nature and scope of the background verification, to the extent such investigation includes information bearing on my character, general reputation, or personal characteristics.

\_\_\_\_\_  
Applicant/Employee Signature

\_\_\_\_\_  
Date

\_\_\_\_\_-\_\_\_\_\_-\_\_\_\_\_  
Social Security Number \*

\_\_\_\_\_  
Date of Birth \*

\* For identification purposes only

MN & Oklahoma Residents please note: In connection with your application for employment/service, your consumer report may be obtained and reviewed. Under Minnesota and Oklahoma law, you have a right to receive a free copy of your consumer report by checking the appropriate box below.

YES, I am a Minnesota resident and would like a free copy of my consumer report.

YES, I am an Oklahoma resident and would like a free copy of my consumer report.

CA Residents please note: Under CA law, you have a right to receive a free copy of your report by checking the appropriate box below.

YES, I am a California resident and would like a free copy of my investigative consumer report.

Printed Name \_\_\_\_\_

Street Address \_\_\_\_\_

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

## **BACKGROUND VERIFICATION DISCLOSURE**

This is used to inform you that a consumer report is being obtained from a consumer reporting agency for the purpose of evaluating you for employment, volunteer service or a contracted position, including retention as an employee, volunteer or independent contractor.

This report may contain information bearing on your character, general reputation, and personal characteristics from public or private record sources.

### **California Notice:**

You have the right under Section 1786.22 of the California Civil Code to contact ChoicePoint during normal business hours to obtain your file for your review. You may obtain such information as follows:

1. In person at ChoicePoint's office at the address listed above. You will need to furnish proper identification prior to receiving your file. You may have someone accompany you and should inform such person that they will also have to present reasonable identification. If you want ChoicePoint to disclose to or discuss your information with this third party, you may be required to provide a written statement granting ChoicePoint permission to do so.
2. By certified mail, if you make a written request (and provide proper identification) to have your file sent to a specified addressee.
3. By telephone, if you have previously made a written request and provided proper identification.

ChoicePoint has trained personnel to explain any information that is furnished to you and to explain any information that is coded.

Employer please note: If consumer checks "YES" regarding the full consumer report, and consumer resides in California, you will need to provide the individual with a copy of their consumer report.

**CAMP TWIN LAKES- Rutledge**  
**1391 Keencheefoonee Road**  
**Rutledge, GA 30663**  
**(706) 557-9070**

**APPLICANT:** Fill in your name, SSN#, and position applied for and complete the Waiver of Access section. Then give this form to the individual who has agreed to complete the recommendation information. Only three (3) recommendations are permitted per applicant, so please choose your evaluators carefully. You are responsible for returning the three required recommendations. Mail the unopened & signed recommendations to Camp Weekaneatit.

**Applicant:** \_\_\_\_\_  
LAST NAME FIRST MIDDLE  
SOCIAL SECURITY NUMBER (SSN#)

**WAIVER OF ACCESS**

I have requested that this recommendation form be filed by (Name) \_\_\_\_\_ for use in the hiring process. In accordance with the Federal law entitled Family Educational Rights and Privacy Act of 1974, (check one):

\_\_\_ I waive access to this report which shall be considered confidential.

\_\_\_ I do not waive access to this report (non-confidential).

Date \_\_\_\_\_ Applicant Signature \_\_\_\_\_

**Note:** All letters of recommendation are considered carefully. However, we believe that letters written in confidence are often of greater utility in assessing an applicant's qualifications and abilities. If the applicant has agreed to the waiver printed above, we will preserve the strict confidentiality of this document and it will be made available only to Camp Twin Lakes officials. If the applicant has not agreed, this report will be made available to the applicant on request if he or she is hired as a staff member of Camp Weekaneatit.

**EVALUATOR:** Camp Weekaneatit offers overnight camping experiences for children with Celiac disease. Camp Weekaneatit hires only the highest quality staff members and would appreciate your honest estimate of the suitability of the candidate for employment. After completing this recommendation form, place it in a sealed envelope and sign over the seal. The applicant will mail the required recommendation to the Camp Twin Lakes office.

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1. In what capacity did you work with or how do you know this candidate? \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_
  2. Position held by candidate? \_\_\_\_\_  
Dates Employed? \_\_\_\_\_
  3. Reason for termination? \_\_\_\_\_
  4. Would you rehire this candidate? (If NO, please explain why) \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_
  5. Do you know of any personal habits which might limit this candidate's ability to work with children at a summer overnight camp? \_\_\_\_\_
  6. How long have you known the applicant? \_\_\_\_\_

7. Please rate those categories below which pertain to your knowledge of this candidate:

	POOR	AVG.	GOOD	EXC.
Communication Skills	_____	_____	_____	_____
Dependability	_____	_____	_____	_____
Sense of Humor	_____	_____	_____	_____
Patience	_____	_____	_____	_____
<i>Judgment</i>	_____	_____	_____	_____
<i>Initiative</i>	_____	_____	_____	_____
<i>Flexibility</i>	_____	_____	_____	_____
Honesty	_____	_____	_____	_____
<i>Leadership</i>	_____	_____	_____	_____
Appearance & Manners	_____	_____	_____	_____
Appropriateness of Language	_____	_____	_____	_____
Ability to Accept Criticism	_____	_____	_____	_____
Ability to Accept Supervision	_____	_____	_____	_____
Acceptance by Peers	_____	_____	_____	_____
Ability to Function in a Group	_____	_____	_____	_____
<i>Rapport With Children</i>	_____	_____	_____	_____
Able to Plan & Work with Children	_____	_____	_____	_____
Camping Skills	_____	_____	_____	_____
Ability to Give Supervision	_____	_____	_____	_____
Creativity	_____	_____	_____	_____

Please list below your personal opinion of the candidate's abilities and character.

Since our staff is responsible for our campers, it is our goal to hire only the highest caliber staff members. We would therefore appreciate your candor.

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In view of your evaluation of this candidate, would you invite this applicant to counsel or work with your own children?

Yes \_\_\_\_\_ No \_\_\_\_\_  
 Questionable \_\_\_\_\_ Do not know \_\_\_\_\_

Signature \_\_\_\_\_

Title \_\_\_\_\_ Phone \_\_\_\_\_

Address \_\_\_\_\_

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



7. Please rate those categories below which pertain to your knowledge of this candidate:

	POOR	AVG.	GOOD	EXC.
Communication Skills	_____	_____	_____	_____
Dependability	_____	_____	_____	_____
Sense of Humor	_____	_____	_____	_____
Patience	_____	_____	_____	_____
<i>Judgment</i>	_____	_____	_____	_____
<i>Initiative</i>	_____	_____	_____	_____
<i>Flexibility</i>	_____	_____	_____	_____
Honesty	_____	_____	_____	_____
<i>Leadership</i>	_____	_____	_____	_____
Appearance & Manners	_____	_____	_____	_____
Appropriateness of Language	_____	_____	_____	_____
Ability to Accept Criticism	_____	_____	_____	_____
Ability to Accept Supervision	_____	_____	_____	_____
Acceptance by Peers	_____	_____	_____	_____
Ability to Function in a Group	_____	_____	_____	_____
<i>Rapport With Children</i>	_____	_____	_____	_____
Able to Plan & Work with Children	_____	_____	_____	_____
Camping Skills	_____	_____	_____	_____
Ability to Give Supervision	_____	_____	_____	_____
Creativity	_____	_____	_____	_____

Please list below your personal opinion of the candidate's abilities and character.

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Yes \_\_\_\_\_ No \_\_\_\_\_  
 Questionable \_\_\_\_\_ Do not know \_\_\_\_\_

Signature \_\_\_\_\_

Title \_\_\_\_\_ Phone \_\_\_\_\_

Address \_\_\_\_\_

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

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Date \_\_\_\_\_ Applicant Signature \_\_\_\_\_

**Note:** All letters of recommendation are considered carefully. However, we believe that letters written in confidence are often of greater utility in assessing an applicant's qualifications and abilities. If the applicant has agreed to the waiver printed above, we will preserve the strict confidentiality of this document and it will be made available only to Camp Twin Lakes officials. If the applicant has not agreed, this report will be made available to the applicant on request if he or she is hired as a staff member of Camp Weekaneatit.

**EVALUATOR:** Camp Weekaneatit offers overnight camping experiences for children with Celiac disease. Camp Weekaneatit hires only the highest quality staff members and would appreciate your honest estimate of the suitability of the candidate for employment. After completing this recommendation form, place it in a sealed envelope and sign over the seal. The applicant will mail the required recommendation to the Camp Twin Lakes office.

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1. In what capacity did you work with or how do you know this candidate? \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_
  2. Position held by candidate? \_\_\_\_\_  
Dates Employed? \_\_\_\_\_
  3. Reason for termination? \_\_\_\_\_
  4. Would you rehire this candidate? (If NO, please explain why) \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_
  5. Do you know of any personal habits which might limit this candidate's ability to work with children at a summer overnight camp? \_\_\_\_\_
  6. How long have you known the applicant? \_\_\_\_\_

7. Please rate those categories below which pertain to your knowledge of this candidate:

	POOR	AVG.	GOOD	EXC.
Communication Skills	_____	_____	_____	_____
Dependability	_____	_____	_____	_____
Sense of Humor	_____	_____	_____	_____
Patience	_____	_____	_____	_____
<i>Judgment</i>	_____	_____	_____	_____
<i>Initiative</i>	_____	_____	_____	_____
<i>Flexibility</i>	_____	_____	_____	_____
Honesty	_____	_____	_____	_____
<i>Leadership</i>	_____	_____	_____	_____
Appearance & Manners	_____	_____	_____	_____
Appropriateness of Language	_____	_____	_____	_____
Ability to Accept Criticism	_____	_____	_____	_____
Ability to Accept Supervision	_____	_____	_____	_____
Acceptance by Peers	_____	_____	_____	_____
Ability to Function in a Group	_____	_____	_____	_____
<i>Rapport With Children</i>	_____	_____	_____	_____
Able to Plan & Work with Children	_____	_____	_____	_____
Camping Skills	_____	_____	_____	_____
Ability to Give Supervision	_____	_____	_____	_____
Creativity	_____	_____	_____	_____

Please list below your personal opinion of the candidate's abilities and character.  
 Since our staff is responsible for our campers, it is our goal to hire only the highest caliber staff members.  
 We would therefore appreciate your candor.

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

In view of your evaluation of this candidate, would you invite this applicant to counsel or work with your own children?  
 Yes \_\_\_\_\_ No \_\_\_\_\_  
 Questionable \_\_\_\_\_ Do not know \_\_\_\_\_

Signature \_\_\_\_\_

Title \_\_\_\_\_ Phone \_\_\_\_\_

Address \_\_\_\_\_

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