

CAMP TWIN LAKES
1391 Keencheefoonee Road
Rutledge, Georgia 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 Twin Lakes.

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 Twin Lakes.

EVALUATOR: Camp Twin Lakes offers overnight camping experiences for children with special medical needs. Camp Twin Lakes 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.

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 _____