

**Camp Calvin Recommendation Form**  
(This form is to be completed by a pastor, youth pastor, or youth leader.)

**Applicant's Name:**

Last: \_\_\_\_\_ First: \_\_\_\_\_ Middle: \_\_\_\_\_

**How would you rate the applicant on the following:**

	<u>Excellent</u>	<u>Average</u>	<u>Unsure</u>
Character	_____	_____	_____
Attitude	_____	_____	_____
Adaptability	_____	_____	_____
Dependability	_____	_____	_____
Emotional Stability	_____	_____	_____

Have you ever observed the applicant working with youth? \_\_\_\_\_

If yes, please describe your observations:

Please share any specific examples of the applicant's spiritual commitment:

Please express any concerns you have about the applicant being a counselor for youth at Camp Calvin this summer:

How long have you known the applicant? \_\_\_\_\_

In what capacity have you known the applicant:

**Submitted By:**

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

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

City: \_\_\_\_\_

State: \_\_\_\_\_ Zip: \_\_\_\_\_

Phone: \_\_\_\_\_

Date Submitted: \_\_\_\_\_

Please print and mail the completed form to:

Camp Calvin  
c/o Jeff Otten  
4095 Clare Bridge Lane  
Brookfield, WI 53005

This completed form can also be attached to an e-mail as a document and sent to:

[jeffotten@sbcglobal.net](mailto:jeffotten@sbcglobal.net)

Thank you for taking the time to assist us in the evaluation of this applicant.