

Twin Rocks Friends Camp and Conference Center

Recommendations for Employment To be completed by an Employer (or teacher, if no employer)

This first section to be completed by the applicant:

Applicant's Name	Phone Number					
Address	City		State	_Zip		
Position Applying for	e-mail					
The above named person is applying for employ will supplement that provided by personal intervifrom persons who have some personal knowled	iew. It is of great importa	nce to us to obtain	n objective an			
The early return of this form will be appreciated information which you may give us will be regard Friends Camp.						
How long have you known the applicant?	In what capacity	?				
2. Please indicate which statement best describe	es the applicant in relation	on to each charact	eristic listed b	pelow.		
	Most of the Time	Some of the Time	Not Often	Hardly Ever		
Able to follow instructions						
Loyal						
Outgoing and friendly						
An able leader of others						
Disciplined in personal habits						
Enthusiastic	🗖					
Able to adjust to different situations	🗖					
Able to cope with other's problems	🗖					
Easily offended						
Inclined to criticize others						
Moody	🗖					
Able to work without close supervision	🗖					
Able to work in a team situation						
3. Please grade the applicant on the following chif average, and "4" if weak in that area. Please e						
Personal Grooming Sense of H Tact Initiative Dependability Courtesy Judgment Initial Impre	A A essionP	/illingness Attitude toward aut ttitude toward hard ublic speaking abi onesty and persol	d work lity			

5. Please choose 2-3 adjectives that best describe the applicant. 6. Please check your choice of recommendation: I strongly recommend I recommend I recommend with some reservation I do not recommend
6. Please check your choice of recommendation: □ I strongly recommend □ I recommend □ I recommend with some reservation
6. Please check your choice of recommendation: □ I strongly recommend □ I recommend □ I recommend with some reservation
6. Please check your choice of recommendation: □ I strongly recommend □ I recommend □ I recommend with some reservation
6. Please check your choice of recommendation: □ I strongly recommend □ I recommend □ I recommend with some reservation
6. Please check your choice of recommendation: □ I strongly recommend □ I recommend □ I recommend with some reservation
 □ I strongly recommend □ I recommend □ I recommend with some reservation
☐ I recommend ☐ I recommend with some reservation
☐ I recommend with some reservation
☐ I do not recommend
Your Name (please print)
E-mail
Address
Position/OrganizationPhone
Signature
Thank you for your assistance! Return To:
Personnel Office
Twin Rocks Friends Camp
PO Box 6 Rockaway Beach, OR 97136 (503) 355-2284 Fax: (503) 355-8341



Twin Rocks Friends Camp and Conference Center

Recommendations for Employment

To be completed by A Friend or Co-worker
(Teacher or Co-Worker for Summer Staff or SLP applications)

This first section to be completed by the applicant:

Applicant's Name	Pnone	Number		
Address	City		State2	Zip
Position Applying for	e-mail			
The above named person is applying for emwill supplement that provided by personal in from persons who have some personal known	nterview. It is of great importa	ance to us to obtail	n objective and	
The early return of this form will be apprecia information which you may give us will be re Friends Camp.				
1. How long have you known the applicant?	In what capacity	?	······································	
2. Is the applicant a Christian? For	r approximately how long? _			
3. Does the applicant appear to be growing	in his/her Christian experien	ce?	Please exp	blain
How does the applicant take an active int	rerest in Christian service?		_ Please expla	in
5. Have you seen the applicant demonstrate	e an understanding of Script	ure, sharing their fa	aith and prayer	life?
6. Please indicate which statement best des	scribes the applicant in relation	on to each charact	eristic listed be	low.
	Most of the Time	Some of the Time	Not Often	Hardly Ever
Able to follow instructions	🗖			
Loyal				
Outgoing and friendly	□			
An able leader of others	□			
Consistent in Christian testimony	□			
Disciplined in personal habits	□			
Enthusiastic	□			
Able to adjust to different situations				
Able to cope with other's problems	□			
Easily offended				
Inclined to criticize others				
Moody				
Able to work without close supervision	🗖			
Able to work in a team situation	□			

	t on the following characteristics an that area. Please evaluate the appl			
Personal Grooming	Sense of Humor	Willingness		
Tact	Initiative	Attitude towar	d authority	
Dependability	Courtesy	Attitude toward		
Judgment	Initial Impression	Public speakin		
Punctuality	Ability to make friends	Honesty and p	ersonal integrity	
to counsel your child or teens				
9. Please list one strength ar	nd one weakness of the applicant:			
10. Please choose 2-3 adject	tives that best describe the applicar	nt.		
11. Please check your choice	e of recommendation:			
☐ I strongly recom	mend			
☐ I recommend				
□ I recommend with	th some reservation			
☐ I do not recomm	ena			
Camp.	on this applicant's over all suitabilit	y to work in a ministry	setting such as Twi	II ROCKS FIIEIIUS
Your Name (please print)			Date	_
E-mail				_
Address	City	State	Zip	
Position/Organization		Pho	ne	
•				
Thank you for your assistance	e!			
Return To:				
Personnel Office Twin Rocks Friends Camp PO Box 6				

PO Box 6 Rockaway Beach, OR 97136 (503) 355-2284 Fax: (503) 355-8341



Twin Rocks Friends Camp and Conference Center

Recommendations for Employment To be completed by A Pastor or Christian Worker

This first section to be completed by the applicant:

Applicant's Name	Pnone	e Number		
Address	City		State	_Zip
Position Applying for	e-mail			
The above named person is applying for ewill supplement that provided by personal from persons who have some personal known that it is the personal known that is the person is applying for each of the person is applying to the person is applying the	interview. It is of great importa	ance to us to obtair	objective a	
The early return of this form will be appred information which you may give us will be Friends Camp.	ciated as it will expedite the pr regarded as strictly confidenti	ocessing of this ca ial. Please send thi	ndidate's ap s form direct	plication. Any ly to Twin Rocks
1. How long have you known the applican	t?In what capacity	/?		
2. Is the applicant a Christian? F	or approximately how long? _			
3. Does the applicant appear to be growin	ng in his/her Christian experier	nce?	Please	explain
4. How does the applicant take an active i	interest in Christian service?_		_ Please exp	olain
5. Have you seen the applicant demonstra	ate an understanding of Script	ure, sharing their fa	aith and pray	er life?
6. Please indicate which statement best d	escribes the applicant in relati	on to each charact	eristic listed	below.
	Most of the Time	Some of the Time	Not Often	Hardly Ever
Able to follow instructions	🗖			
Loyal	🗖			
Outgoing and friendly	□			
An able leader of others	□			
Consistent in Christian testimony	□			
Disciplined in personal habits	🗖			
Enthusiastic				
Able to adjust to different situations				
Able to cope with other's problems				
Easily offended				
Inclined to criticize others				
Moody				
Able to work without close supervision				
Able to work in a team situation				

	n the following characteristics and at area. Please evaluate the appl			ove average, "3"
Personal Grooming	Sense of Humor	Willingness		
Tact	Initiative	Attitude towar		
Dependability	Courtesy	Attitude toward		
Judgment Punctuality	Initial ImpressionAbility to make friends		ersonal integrity	
8. There is a possibility that the to counsel your child or teenag	applicant would be employed as er? Yes No	a camp counselor. W	ould you consider the ap	oplicant qualified
Please list one strength and	one weakness of the applicant:			
10. Please choose 2-3 adjectiv	es that best describe the applican	ıt.		
11. Please check your choice of	of recommendation:			
☐ I strongly recomme	end			
☐ I recommend				
☐ I recommend with	some reservation			
☐ I do not recommer	nd			
12. Please give your opinion or Camp.	n this applicant's over all suitability	y to work in a ministry	setting such as Twin Ro	ocks Friends
	0"			
	City			
•			ne	
•				
Thank you for your assistance!				
Return To:				
Personnel Office Twin Rocks Friends Camp PO Box 6				
Rockaway Beach, OR 97136 (503) 355-2284 Fax: (503) 35	55-8341			