

DEER CROSSING CAMP INC.

High Sierra Summer Resident Camp for Coeds 9-18

Request for Reference

_____ has applied to participate in a Counselor/Leader-in-Training Program at Deer Crossing Camp. Your assessment of his/her abilities in the following areas would be greatly appreciated.

Sense of humor _____

Initiative _____

Dependability _____

Working with peers _____

Follow as well as lead _____

Communication _____

Flexibility _____

Tact _____

Skills in outdoor living _____

Working with children _____

Persistence _____

Enthusiasm _____

How long and in what capacity have you known the applicant? _____

Additional comments: _____

Name _____ Signature _____

Address _____ Date _____

Phone _____

Please mail this form directly to **Deer Crossing Camp, 1919 Ridge Rd., Mokelumne Hill, CA 95245.**

Please do not give to the applicant. If you have any questions, please contact us. Phone: 209-293-2328

Email: mail@deercrossingcamp.com

Website: www.deercrossingcamp.com

Thank you very much for your assistance.