



PINE SPRINGS CAMP

814-629-9834 : www.pinesprings.org

SUMMER STAFF RECOMMENDATION FORM

complete the		ommendation is an ir uestions and mail this	nportant and helpt	for a summer staff pos ful part of the applicati Pine Springs Camp. T	ion process. P	
Name of pe	rson completi	ing this form:				
Phone number		Email:				
Relationship	to applicant:	:				
How long ha	ave you know	n the applicant? _				
1. If you co	uld describe	this person in three v	words, what would	they be?		
2. Please d	escribe the a	pplicant's work ethic	and attitude towa	rds authority.		
3. Do you b	elieve he/sho	e is qualified to work	with children? Ex	xplain.		
4. Any con	cerns or hesi	itations?				
5. Any add	itional comm	ents.				
Leader Confident Shy	Follower Immature	Mature Compassionate		Dependable Spontaneous Involved		
Check which	n applies: I hi	ghly recommend this	s applicant! []	I do not recomme	end this applica	ınt []
Signature			Date			
Thank you!	Please mail	directly to Pine Sprin	igs Camp			

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