

CAMP HOPE

HIGH SCHOOL VOLUNTEER RECOMMENDATION FORM

A Camp Hope Recommendation Form must be submitted for you by an adult in your life who knows you well. Suggestions would be your youth minister, parish priest, coach or teacher. Have your reference scan and email the completed form to camphope.poh@gmail.com or mail a copy to Camp Hope, 1040 Plainfield Ave, Plainfield NJ, 07060.

Applicant's Name: _____

Name of Reference: _____

Email Address and Phone #: _____

Church or Community: _____

How long have you known the applicant? _____

How well do you know him/her? By Face/Name Casually Fairly Well Very Well

WHICH OF THE FOLLOWING BEST DESCRIBES THE APPLICANT?

	Almost Always	Often	Sometimes	Rarely	Unknown
Adaptable	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Willing to Serve	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Dependable	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Spiritually Attentive	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Mature	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Responds Well to Authority	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Shows Leadership Ability	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Exhibits Self Control	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Procrastinates	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Critical or Irritable	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Depressed	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Argumentative	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Domineering	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Rebellious	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

Is the applicant active in his/her church or Christian community? Yes No
Are you aware of any mental or emotional illness, or instability in the applicant? Yes No
Have you ever had reason to question the applicant's morals? Yes No
Do you have any reason to lack confidence in the applicant? Yes No

Based on the above information the applicant is:

Strongly Recommended Recommended Recommended with Reservation Not Recommended

Additional Comments:

Reference Signature/Date: _____

