

The Mountaintop
STAFF RECOMMENDATION FORM

The Mountaintop – 932 Acworth Due West Road NW Marietta, GA 30152
anthony@mountaintopcamp.org -- 678.427.9967 --- www.mountaintopcamp.org

Staff Applicant - Please print out two copies of this form.

Give one to your Pastor and the other to another responsible adult reference who is knowledgeable of your ability to work with youth, in ministry and/or in the specific areas for which you are applying. (The second reference cannot be related to you.)

Pastor / Reference – Please complete this recommendation form and return to directly to The Mountaintop. *(Do no return to applicant.)*

Applicant's Name _____ Church Name, City & State _____

Please read the following before filling out this recommendation:

Serious consideration will be given to your evaluation of the applicant's character, experience and aptitude for camp counseling and / or activity staff at The Mountaintop. Your prompt attention to completing and returning this form is greatly appreciated. Your responses will be held in strict confidence. If you have any questions, please feel free to email: anthony@mountaintopcamp.org or call: 678.427.9967

Your Name: _____ Email: _____

Home Phone: () _____ Work Phone: () _____ Cell Phone: () _____

Your relationship to applicant (i.e. pastor, friend, manager): _____ How long have you known the applicant: _____

Number of years/months the applicant has been a follower of Jesus: _____ Is applicant active in his/her church: Yes No

Rank the following questions on a scale of one-to-five:

1 – poor 2 – minimal 3 – average 4 – excellent 5 – outstanding

1 – low 2 – minimal 3 – average 4 – high 5 – extremely high

	1	2	3	4	5
Adaptability	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Servant Life	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Spiritual Life	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Humility	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Maturity	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Generosity	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Response To Authority	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Dependability	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Leadership Ability	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Initiative	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

	1	2	3	4	5
Irritable	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Critical	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Depressed	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Argumentative	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Rebellious	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Quick Temper	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Controlling	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Procrastinates	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Gossips	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Negative	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Answer the following to the best of your knowledge:

To your knowledge, does the applicant abuse alcohol, use tobacco or illegal drugs? Yes No

If so, please explain: _____

Have you ever had any reason to question the applicants' morals? Yes No

If so, please explain: _____

Describe your knowledge of the applicant's experience working in a leadership role with youth including strengths and weaknesses: (use back if needed)

Are there any pending issues or concerns you feel should be addressed before putting the applicant in a staff position? Yes No

If so, please explain: _____

On the basis of the above information, the applicant is:

strongly recommended recommended recommended with reservation not recommended

Signature _____

Date signed _____

