THE MASTER'S WORKSHOP CAMP, INC.

179 Church Camp Lane
Robinson, TX 76706
(254) 662-0441

VOLUNTEER STAFF REFERENCE FORM

This form is required for each staff member to have on file with Program Coordinator prior to start of camp.
To be completed by a pastor, teacher, mentor or an adult (not family) who can speak of your character from serving with you and knowing you well. 2 are required for new staff and 1 for returning staff.

Date:_____

Staff Full Name:_____

How long have you known this person?_____

What is your relationship to this person?_____

_____

Please provide us your comments on this person's character and integrity:

_____

_____

_____

_____

Please comment on this person's skill in working with children & youth:

_____

_____

_____

_____

REFERENCE PROVIDERS INFORMATION:

Name: _____ Signature _____
First Last

Mailing address: _____

_____
City State Zip Code

Contact Phone #:_____ Email:_____

Revised 2018