

Emergency Contact

Last	First	Middle Initial
Home / Work Phone		Cell Phone
Email		

School or Employer Information

School / Employer	Dates
Phone	Position
Email	

Church and Pastor Information

Church Name	Pastor	
Address		
City	State	Zip
Phone	Email Address	

Referred by:

Name

Use the included "Recommendation Form" to gather three recommendations.



RECOMMENDATION FORM

MOUNT AETNA SUMMER CAMP
10375 Retreat Way | Hagerstown, MD 21742
301-824-2729 | summercamp@ccosda.org



I would like to recommend _____

for the position of _____ for next year's:

Summer's Camp FLAG Camp

I am the applicant's:

Pastor Teacher Work Supervisor Friend (check one or more)

Fill in your information below.

Last	First	Middle Initial

Phone _____ Email Address _____

Fill in applicant's information below.

Last	First	Middle Initial

Phone _____ Email Address _____

Please give any further information which you feel would be helpful to the directors in appraising this applicant:
