



(360) 665-2888 • PO Box 711 • Ocean Park WA 98640 • coordinator@campvictoryforchildren.org

REFERENCE FORM

Full Name: _____ Today's Date: _____

Please list three personal references, excluding relatives and people who live in the same household as you. We do contact references, so please make sure the information is accurate and legible.

1. Full Name: _____

Mailing Address: _____

City: _____ State: _____ Zip: _____

Email Address: _____

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

The name by which this person calls you (if different from top): _____

2. Full Name: _____

Mailing Address: _____

City: _____ State: _____ Zip: _____

Email Address: _____

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

The name by which this person calls you (if different from top): _____

3. Full Name: _____

Mailing Address: _____

City: _____ State: _____ Zip: _____

Email Address: _____

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

The name by which this person calls you (if different from top): _____

Once again, thank you for your interest in Camp Victory. By completing this application you understand that personal references will be checked and your criminal history will be examined. Please return this application no later than one week prior to Camp Victory Training. We look forward to meeting you at training.

Signature: _____ Date: _____

Printed Name: _____