	Camp Counsel	ors USA - N	-	Request Addendum for Camp Director
CCUSA	Applicant Name			CCUSA ID #
CCUSA requires returning participants seeking a new camp placement to obtain a reference from their former camp supporting their decision to work at another camp. Please complete the questions below accurately and honestly based on this participant's previous employment at your camp.				
1. When did this particip	oant work at your camp?			
2. What role did this sta	Iff member fill at camp?			
3. Would you re-hire hin	n/her if you had a position a	available? Yes	No If no, why not?	
4. Would you recommen	nd this former staff member	to work at a new ca	amp this summer?	Yes No If no, why not?
5. What type of position	n do you see him/her best s	uited for if placed at	a new camp?	
6. What is your position	at the camp?			
Camp Representative Na	ame	Signature		Date
If completing this form electronically, you may type your name and tick the box in lieu of a written signature.				

Please complete and return this form to CCUSA via email (camps@ccusa.com) or your Placement Coordinator. Alternatively you may fax the form to (415) 339-2744.