

NABNW CAMP TAPAWINGO
PERSONAL REFERENCE FORM

Please type or print and mail to:
Lynn Oehler – Camp Program Coordinator
1183 Harritt Dr. NW
Salem, OR 97304

This section to be completed by applicant before giving to personal reference:

Applicant's Name: _____

Applicant's Address: _____

Applicant's Phone Number: _____

Applicant's E-mail: _____

Camp/ position applying for at Camp Tapawingo 2010: _____

Please provide each reference with a stamped envelope addressed to Lynn Oehler – address above.

The above named person is applying for NABNW summer staff at Camp Tapawingo. It is important to us to obtain objective and valid statements from those who have some personal knowledge of the applicant's abilities and characteristics. Please complete and return this form as soon as possible in order to process this candidate's application. Any information you give us will be regarded as strictly confidential. Please send this form directly to the Camp Program Coordinator in the addressed envelope provided by the applicant. Thank you!

1. How long have you known the applicant? _____

In what capacity? Pastor Employer/Teacher Friend

2. Is the applicant a Christian? Yes No

How have you seen this demonstrated in their life? Where do you see growth in their relationship with the Lord?

3. What is your impression of the applicant's understanding of the Scriptures, witnessing, and prayer life?

4. Please rate the applicant in regard to the following on a scale of 1-5

(1-low/5-high) or N-not observed:

_____ Able to follow instructions

_____ Outgoing and friendly

_____ Organizational skills

_____ Consistent in Christian testimony

_____ Disciplined in personal habits

_____ Honesty and personal integrity

_____ Adapts well to change

_____ Physical Ability

_____ Courteous

_____ Dependability

_____ Punctuality

_____ Hard working

_____ Able to cope with other's problems

_____ Able to work without close supervision

_____ Able to work in a team situation

_____ Positive attitude, enthusiastic

_____ Cooperative, respectful toward authority

_____ Trustworthy

_____ Spiritual maturity

_____ Emotional maturity

_____ An able leader of others, takes initiative

_____ Good with children

_____ Communication skills, Public speaking ability

_____ Sense of humor

5. Would you consider the applicant qualified to counsel your child or teenager? If not, please explain.

6. Please list one strength and one area for improvement of the applicant.

7. Please check your choice of recommendation:

I recommend I recommend with some reservation I do not recommend

Any further comments or concerns?

Your name (please print): _____

Full Address _____

Phone _____ E-mail _____

Signature _____

Date _____

THANK YOU!