



**Camp Witness
Bible Conference
Association**

HC 62 Box 30B, Long Pine, NE 69217
(402) 273-4352

contact@campwitness.org

PERSONAL REFERENCE FORM

Please return to:

Address above

Questions can be directed to:

Glenn Smith 402 740 0818 or

director@campwitness.org

This section to be completed by the applicant:

Applicant's Name: _____ Phone Number: _____

Address: _____ City: _____ State: _____ Zip: _____

Position being applied for 1. _____ or 2. _____

The above named person is applying for a summer staff at Camp Witness. It is important to us to obtain objective and valid statements from those who have some personal knowledge of the applicant's abilities and character.

It is important to receive this completed form as soon as possible in order to process this candidate's application. If returned directly to the camp, any information you give us will be regarded as strictly confidential.

It is preferred that you send this form directly to Camp Witness at the above address. Thank you.

1. How long have you known the applicant? _____ In what capacity?

2. Is the applicant a Christian? _____ For approximately how long? _____
3. Does the applicant appear to be growing in his/her relationship with the Lord? _____
Please explain.

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

5. How does the applicant conduct themselves with peers of the opposite sex?

6. To the best of your understanding has the applicant ever been accused of inappropriate behavior with children?

7. Please rate the Applicant in regard to the following on a scale of 1 – 5 (1=low/5=high).

- | | |
|---|---|
| <input type="checkbox"/> Able to follow instructions | <input type="checkbox"/> Not inclined to criticize others |
| <input type="checkbox"/> Loyal | <input type="checkbox"/> Able to work without close supervision |
| <input type="checkbox"/> Outgoing and friendly | <input type="checkbox"/> Trustworthy |
| <input type="checkbox"/> Able to work in a team situation | <input type="checkbox"/> Disciplined in personal habits |
| <input type="checkbox"/> Team Player | <input type="checkbox"/> Able to adjust to different situations |
| <input type="checkbox"/> Positive Attitude | <input type="checkbox"/> Not easily offended |
| <input type="checkbox"/> Cooperative | <input type="checkbox"/> Consistent in Christian testimony |
| <input type="checkbox"/> An able leader of others | <input type="checkbox"/> Not moody |
| <input type="checkbox"/> Enthusiastic | <input type="checkbox"/> Able to cope with other's problems |

8. Please grade the applicant on the following characteristics and traits on a scale of 1-5 (1=low/5=high).

- | | | |
|--|---|--|
| <input type="checkbox"/> Modest Dress | <input type="checkbox"/> Attitude toward hard work | <input type="checkbox"/> Personal Grooming |
| <input type="checkbox"/> Public speaking ability | <input type="checkbox"/> Honesty and personal integrity | <input type="checkbox"/> Tact |
| <input type="checkbox"/> Dependability | <input type="checkbox"/> Courtesy | <input type="checkbox"/> Judgment |
| <input type="checkbox"/> Punctuality | <input type="checkbox"/> Communication | <input type="checkbox"/> Organization |
| <input type="checkbox"/> Sense of Humor | <input type="checkbox"/> Attitude toward authority | <input type="checkbox"/> Ability to make friends |
| <input type="checkbox"/> Initiative | <input type="checkbox"/> Good working with children | <input type="checkbox"/> Willingness |

9. There is a possibility that the applicant would be employed as a camp counselor. Would you consider the applicant qualified to counsel your child or teenager? Why or why not?

10. Please list one strength and one weakness of the applicant:

11. Please check your choice of recommendation:

- I strongly recommend
- I recommend
- I recommend with some reservation
- I do not recommend

12. Please give your opinion on this applicant's overall suitability to work in a ministry setting such as Camp Witness.

Your Name (please print) _____ Date _____

Signature _____ **Position/Organization** _____

Phone _____ Organization _____

Address _____ City, St ZIP _____

Thank you for your assistance.