

Friend

Reference Deadline: 06 February 2010



Relatives, roommates or Camp Peniel staff do not qualify as a reference.

Fill out the information below and give this form to your reference with a stamped envelope addressed to Camp Peniel.

Your name: _____ Position applying for: _____

Brief program description: _____

Dear Friend:

Camp Peniel provides an opportunity for God to work in the lives of campers through each staff member that is a part of the Peniel team. As such, we are looking for people who are growing in spiritual and emotional maturity, responsible, loving, creative, hard working and physically fit. We host up to 72 campers each week and the 24 hour responsibility of living with, working, feeding, leading and teaching these young lives is not an easy task.

We ask that you would help us discover whether or not this applicant would contribute positively to the work and mission of Camp Peniel. We would appreciate your careful and honest answers to the following questions so we can make an accurate evaluation. Remember that this form has two sides and the information you write will be held in confidence. **Thank you so much!**

How long have you known the applicant? (years) _____ (months) _____

How well do you know the applicant? _____

What aspects of the applicant's life have you had opportunity to observe (ie: home, school, church etc.)? _____

Please give what information you can regarding their family life: _____

Please give what information you can regarding their church, social and work life: _____

Does the applicant respond well to authority? _____

Does the applicant work well with others? _____

What would you consider to be some of the applicant's strong points? _____

What would you consider to be some of the applicant's weak points? _____

Have you observed weaknesses in the applicant's moral life? (yes) _____ (no) _____ If yes, please explain: _____

Would you recommend the applicant for the position he / she is applying for? (yes) _____ (no) _____ Please comment: _____

Personality Traits

Please check all that you feel apply to the applicant:

Spiritual Life

- | | | | | | |
|--------------------------------------------------------|-----------------------------------------------------------|-----------------------------------------------------------|-----------------------------------------------|-----------------------------------------------------|--------------------------------------|
| <input type="checkbox"/> No interest in spiritual life | <input type="checkbox"/> Small evidence of spiritual life | <input type="checkbox"/> Shows growth in Christian living | <input type="checkbox"/> Consistent testimony | <input type="checkbox"/> Shining example for others | <input type="checkbox"/> Do not know |
|--------------------------------------------------------|-----------------------------------------------------------|-----------------------------------------------------------|-----------------------------------------------|-----------------------------------------------------|--------------------------------------|

Dependability

- | | | | | | |
|----------------------------------|---------------------------------------------|----------------------------------|----------------------------------------|------------------------------------------------|--------------------------------------|
| <input type="checkbox"/> Aimless | <input type="checkbox"/> Loses focus easily | <input type="checkbox"/> Average | <input type="checkbox"/> Self-directed | <input type="checkbox"/> Well-informed purpose | <input type="checkbox"/> Do not know |
|----------------------------------|---------------------------------------------|----------------------------------|----------------------------------------|------------------------------------------------|--------------------------------------|

Initiative

- | | | | | | |
|---------------------------------------------------|------------------------------------------------------|------------------------------------------------|------------------------------------------------|--------------------------------------------|--------------------------------------|
| <input type="checkbox"/> Needs constant oversight | <input type="checkbox"/> Succeeds if always directed | <input type="checkbox"/> Occasional initiative | <input type="checkbox"/> Shows good initiative | <input type="checkbox"/> Actively creative | <input type="checkbox"/> Do not know |
|---------------------------------------------------|------------------------------------------------------|------------------------------------------------|------------------------------------------------|--------------------------------------------|--------------------------------------|

Industry

- | | | | | | |
|--------------------------------------------------|----------------------------------------------|--------------------------------------------------|--------------------------------------------------|------------------------------------------------|--------------------------------------|
| <input type="checkbox"/> Needs constant prodding | <input type="checkbox"/> Occasional prodding | <input type="checkbox"/> Performs assigned tasks | <input type="checkbox"/> Goes beyond requirement | <input type="checkbox"/> Seeks additional work | <input type="checkbox"/> Do not know |
|--------------------------------------------------|----------------------------------------------|--------------------------------------------------|--------------------------------------------------|------------------------------------------------|--------------------------------------|

Influence on Others

- | | | | | | |
|------------------------------------------------|----------------------------------------------|--------------------------------------------|------------------------------------------------------|----------------------------------------------|--------------------------------------|
| <input type="checkbox"/> Detrimental influence | <input type="checkbox"/> No active influence | <input type="checkbox"/> Varying influence | <input type="checkbox"/> Consistently good influence | <input type="checkbox"/> Wholesome influence | <input type="checkbox"/> Do not know |
|------------------------------------------------|----------------------------------------------|--------------------------------------------|------------------------------------------------------|----------------------------------------------|--------------------------------------|

Acceptance by Others

- | | | | | | |
|--------------------------------------------|----------------------------------------------|------------------------------------------|-----------------------------------------------|-------------------------------------------------|--------------------------------------|
| <input type="checkbox"/> Avoided by others | <input type="checkbox"/> Tolerated by others | <input type="checkbox"/> Liked by others | <input type="checkbox"/> Well-liked by others | <input type="checkbox"/> Sought after by others | <input type="checkbox"/> Do not know |
|--------------------------------------------|----------------------------------------------|------------------------------------------|-----------------------------------------------|-------------------------------------------------|--------------------------------------|

Responsibility

- | | | | | | |
|----------------------------------------|---------------------------------------------------|-------------------------------------------|------------------------------------------------|----------------------------------------------------|--------------------------------------|
| <input type="checkbox"/> Irresponsible | <input type="checkbox"/> Shows some dependability | <input type="checkbox"/> Usually reliable | <input type="checkbox"/> Consistently reliable | <input type="checkbox"/> Capable of responsibility | <input type="checkbox"/> Do not know |
|----------------------------------------|---------------------------------------------------|-------------------------------------------|------------------------------------------------|----------------------------------------------------|--------------------------------------|

Leadership

- | | | | | | |
|--------------------------------------------|------------------------------------------------------|--------------------------------------------------|------------------------------------------|-----------------------------------------------|--------------------------------------|
| <input type="checkbox"/> Always a follower | <input type="checkbox"/> Usually fails at leadership | <input type="checkbox"/> Assumes some leadership | <input type="checkbox"/> Good leadership | <input type="checkbox"/> Inspiring and leader | <input type="checkbox"/> Do not know |
|--------------------------------------------|------------------------------------------------------|--------------------------------------------------|------------------------------------------|-----------------------------------------------|--------------------------------------|

Emotional Qualities

- | | | | | | |
|---------------------------------------|----------------------------------------|------------------------------------|------------------------------------------------|-----------------------------------------------------|--------------------------------------|
| <input type="checkbox"/> Unresponsive | <input type="checkbox"/> Too emotional | <input type="checkbox"/> Excitable | <input type="checkbox"/> Usually well balanced | <input type="checkbox"/> Consistently well balanced | <input type="checkbox"/> Do not know |
|---------------------------------------|----------------------------------------|------------------------------------|------------------------------------------------|-----------------------------------------------------|--------------------------------------|

Dealing with Stress

- | | | | | | |
|-------------------------------------|------------------------------------|--------------------------------------------|-------------------------------------------------|----------------------------------------------|--------------------------------------|
| <input type="checkbox"/> Shuts down | <input type="checkbox"/> Withdraws | <input type="checkbox"/> Becomes irritable | <input type="checkbox"/> Manages satisfactorily | <input type="checkbox"/> Manages effectively | <input type="checkbox"/> Do not know |
|-------------------------------------|------------------------------------|--------------------------------------------|-------------------------------------------------|----------------------------------------------|--------------------------------------|

Have you found the applicant to be consistently honest? (yes) _____ (no) _____

If you had a child at camp, would you wish this applicant to work with your child? (yes) _____ (no) _____

Additional comments: _____

Your name: _____ Signature: _____

Occupation: _____ Phone number: _____