



Streamside

Camp & Conference Center

Confidential Reference Form

APPLICANT: Please write your name and position you are applying for, then give a copy to each of your references. Check the box that applies to this reference spiritual work personal

Applicant's Name _____ **Position applying for** _____

REFERENCE: If you are unfamiliar with the ministry of Streamside, please visit our Web site at www.streamside.org. Complete questions that apply to your area of knowledge and write "N/A" for questions that are none applicable. Please return this form to Streamside at the address below as soon as possible.

Working in a summer camp ministry with children requires a lot from a person:

- Willingness to frequently forgo personal fellowship and recreation in order to be with and have an impact on the campers for the Lord.
- Ability to work together and live with people of many backgrounds and personality types to the glory of the Lord.
- Desire to communicate God's Word in word and deed.
- Ability to accept responsibility and submit to authority.

1. Do you believe this person meet the requirements mentioned above? yes no, please explain: _____

2. How long have you known the applicant? _____

3. What is your relationship to the applicant? _____

4. How well do you know the applicant? very well casually very little

5. How would you rate the applicant's knowledge of the Bible? below average average above average N/A

6. What activities, attitudes or behavior in this person's life give evidence of a relationship with the Lord? _____

7. How does the applicant display an ability to work with children? _____

8. Please check the answers that best apply to the applicant for the following:

a. Ability to form, execute, and follow through on plans:

Needs constant supervision Meets average expectations Does over and above assigned

b. Interaction with other coworkers:

Avoided by others Tolerated by others Liked by others Well liked by others

c. Leadership ability:

Always a follower Occasional leadership Strong leadership

d. Would you like to see this person at camp because of ...

what he or she can contribute to our program what we can do for him or her, or both

9. Would you hire this person for this ministry if in the position to do so? _____

10. Do you know of any reason this person should not be left alone with a child? If so, please explain _____

11. Additional comments? _____

Signature _____ Date _____

Name _____

Address _____ City _____ State _____ Zip _____

Phone () _____ Email _____

A MINISTRY OF



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