



# Kootenay Covenant Bible Camp

## CABIN LEADER'S PERSONAL REFERENCE

### To be completed by applicant

Name of Applicant \_\_\_\_\_

Name of Person Filling Out This Reference (please print) \_\_\_\_\_

### **Authorization**      **Applicant, please sign and date before handing out this reference form.**

I authorize \_\_\_\_\_ (referee) to provide Kootenay Covenant Bible Camp with the information requested. I release all referees from any liability for information provided in good faith

Signed \_\_\_\_\_ Date \_\_\_\_\_

### The following to be completed by referee

How long have you known this person? \_\_\_\_\_ Relationship to this person? \_\_\_\_\_

KCBC strives to obtain staff members who are trustworthy, capable of caring for and discipling our campers, and who model positive, Christian lifestyles. Your honest and prompt response is appreciated.

Please rank the following characteristics as they are displayed in the life of the applicant by circling the appropriate number. NK = no knowledge or insufficient information.

	<u>Poor</u>										<u>Superior</u>	
Christ-like lifestyle	1	2	3	4	5	6	7	8	9	10	Not Known	
Leadership skills	1	2	3	4	5	6	7	8	9	10	Not Known	
Work with youth	1	2	3	4	5	6	7	8	9	10	Not Known	
Response to authority	1	2	3	4	5	6	7	8	9	10	Not Known	
Friendly manner	1	2	3	4	5	6	7	8	9	10	Not Known	
Work ethic	1	2	3	4	5	6	7	8	9	10	Not Known	
Church Attendance	1	2	3	4	5	6	7	8	9	10	Not Known	

Please write any comments you may have pertaining to your responses above.

If you had a child of camper age, would you feel comfortable leaving your child in the care of the applicant? Why or why not?

In the following space, or on a separate sheet of paper, please share any additional comments regarding the applicant's suitability for this position.

Do you have any reason to believe this applicant is **not** fit to work in close contact with or individual supervision of children? Yes \_\_\_\_ No \_\_\_\_ If yes, please explain in detail.

Would you recommend this person for the position noted? \_\_\_\_\_

Signed \_\_\_\_\_ Date \_\_\_\_\_ Phone (\_\_\_\_\_) \_\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_ Prov. /St \_\_\_\_\_ Zip/PC \_\_\_\_\_

Thank you. This statement is confidential. Please send completed form directly to:

**Danielle Royer 600 Silver Street, Trail, BC V1R 2R1**

Phone: 250-304-9575 Email: dcroyer@gmail.com