



CAMP ARRAH WANNA

Volunteer Applicant

CONFIDENTIAL REFERENCE PERSONAL

NAME OF APPLICANT:

First

Last

NAME OF PERSONAL REFERENCE: _____

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

2. What strengths does the applicant have that would make them successful in this ministry? _____

3. Describe how the applicant shows their Christian faith to others: _____

4. What healthy activities has the applicant been involved in during the past year? _____

5. Would you want your child placed under the direct charge and influence of this individual for a good percentage of the day? _____ Explain: _____

6. Are there any tendencies or traits which you feel might reduce the effectiveness of the applicant in our volunteer program? _____ Explain: _____

7. Would you recommend the applicant for a volunteer position at Arrah Wanna? _____
Please explain why: _____

8. Does the applicants personal/professional life reflect biblical values and integrity? _____
In what ways? _____

9. Any additional comments that would help us in evaluating the applicant? _____

Please rank the applicant in the following areas:

	Poor	Fair	Good	Excellent	Unsure
1. Working with peers:	1	2	3	4	0
2. Working with youth:	1	2	3	4	0
3. Reliability:	1	2	3	4	0
4. Leadership Ability:	1	2	3	4	0
5. Adaptability:	1	2	3	4	0
6. Positive Attitude:	1	2	3	4	0
7. Judgment:	1	2	3	4	0
8. Enthusiasm	1	2	3	4	0
9. Work Ethic/Commitment:	1	2	3	4	0
10. Self Discipline:	1	2	3	4	0

Signature: _____

Print Name: _____

Address: _____

Phone: _____

Can we call with further questions? _____

Email: _____

Please send this form to:

Camp Arrah Wanna
24075 E. Arrah Wanna Blvd.
Welches, OR 97067

To contact us call: 503-622-3189.

For Office Use Only	
Date Received:	_____
Position Applicant Applied for:	_____
Reviewed by:	_____
Comments:	_____