



CAMP ARRAH WANNA

CONFIDENTIAL REFERENCE FORM: PASTOR/ASSOCIATE

NAME OF APPLICANT:

First

Last

1. How long have you known the applicant? _____

Describe Relationship: _____

2. Is the applicant a Christian? _____

For how long? _____

3. Describe how the applicant is growing in their personal faith? _____

4. What ministry 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 camping program? _____ Explain: _____

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

If no please explain: _____

8. Does that applicants personal/professional life reflect biblical values? _____

9. Is the applicant involved in any activities that parents would find questionable? _____

If yes, please explain: _____

10. Do you know of any inappropriate or illegal involving the applicant? _____

If yes, please explain or indicate confidential: _____

11. 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 youth	1	2	3	4	0
2. Working with peers	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

Signature _____

Name _____

Address: _____

Phone: _____

Please mail this form to:

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

To contact us call: 503 622-3189.

FOR OFFICIAL USE ONLY	
Date: _____	Score: _____
Applicant applied for this camp: _____	
Position: _____	
Comments:	