



# CAMP ARRAH WANNA PERSONAL REFERENCE FORM

NAME OF APPLICANT: \_\_\_\_\_

First

Last

1. How long have you known the applicant? \_\_\_\_\_

In what capacity? \_\_\_\_\_

2. What are the applicant's strengths that would make them successful in camping ministry? \_\_\_\_\_

3. Describe how the applicant shows their Christian faith to others. \_\_\_\_\_

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

5. Are there any tendencies or traits which you feel might reduce the effectiveness of the applicant in our camping program? \_\_\_\_\_ Explain: \_\_\_\_\_

6. Would you recommend the applicant for a volunteer position at Arrah Wanna? \_\_\_\_\_

If no please explain: \_\_\_\_\_

7. 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: \_\_\_\_\_

E-mail: \_\_\_\_\_

Please mail this form to:  
Camp Arrah Wanna  
24075 E. Arrah Wanna Blvd.  
Welches, OR 97067

To contact us call: 503 622-3189.  
fax: 503-622-1229

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