

personal reference

Please complete this form and return to: **Leoni Meadows Camp**
 P.O. Box 400, Grizzly Flats, CA 95636
 (530) 626-3610 fax (530) 626-8524

Applicant to complete

Applicant's name (please print) _____

I hereby authorize Leoni Meadows Camp to verify the information contained on my application and I consent to the person named below giving a reference to disclose any and all information regarding my work history, personal characteristics, salary, work habits, involvement with children, or other areas of importance to Leoni Meadows. I release Leoni Meadows and the Northern California Conference of Seventh-day Adventists from all liability and furthermore release the person listed below from any liability as a result of them furnishing information to Leoni Meadows in good faith.

Signature _____ Date _____

Parent/guardian signature (if applicant is under 18) _____ Date _____

Reference to complete

The person named above is applying for a position at Leoni Meadows Camp (a Christian youth camp). Your confidential evaluation is requested and the applicant has given authorization above for you to provide this information. Thank you for your time and assistance.

Your name _____ Daytime phone _____ Cell Phone _____

Address _____ Evening phone _____ Email _____

How long have you known the candidate? _____ In what capacity? _____

In view of your knowledge of the applicant, how do you assess his or her abilities and character in the following categories as compared to his or her peers?

	Not Observed	Weak	Fair	Average	Very Good	Out-standing
Spiritual commitment	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Ability to work with children	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Ability to work with others	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Teachability	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Maturity	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Responsibility	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Honesty & integrity	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Flexibility	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Initiative	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Interpersonal skills	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Creativity & imagination	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

With the assumption that you have children, would you leave them alone with this person? Yes No

Relative to employment at Leoni Meadows, would you recommend: Highly Recommend With reservations Not recommend ?

Additional comments: _____

Signature _____ Date _____