

CONFIDENTIAL REFERENCE FORM

Silver Lake Mennonite Camp

www.slmc.ca

Name of Applicant: _____ Your Name _____

Your Phone Number and Email Information: _____

1. Please comment on how long you have known the applicant and the nature of your relationship

2. Rank the applicant on the following personal qualities and characteristics. Please circle over the appropriate response. A line has been provided below each item for comments if necessary.

1 – Excellent 2 – Above Average 3 – Average 4 – Needs Improvement
NA - Not able to comment

Communication skills	1	2	3	4	NA
----------------------	---	---	---	---	----

Comment:

Relates well to others	1	2	3	4	NA
------------------------	---	---	---	---	----

Comment:

Leadership abilities	1	2	3	4	NA
----------------------	---	---	---	---	----

Comment:

Teachable, able to absorb new information	1	2	3	4	NA
---	---	---	---	---	----

Comment:

General outlook and approach to life	1	2	3	4	NA
--------------------------------------	---	---	---	---	----

Comment:

Flexible, adaptable	1	2	3	4	NA
---------------------	---	---	---	---	----

Comment:

Ability to work well with others.	1	2	3	4	NA
-----------------------------------	---	---	---	---	----

Comment:

Completes assigned tasks, responsible	1	2	3	4	NA
---------------------------------------	---	---	---	---	----

Comment:

3. Please describe the applicant's faith journey and potential for spiritual growth.

4. Please circle all of the following words which best describe the applicant

Exciting	Assertive	Insecure	Sophisticated
Earnest	Sympathetic	Opinionated	Gentle
Self-assured	Steady	Polished	Somber
Wholesome	Arrogant	Unassuming	Pushy
Withdrawn	Selfless	Conventional	Generous
Impatient	Charitable	Compliant	Courteous
Careful	Content	Understanding	Arrogant
Depressed	Responsive	Serious	Transparent
Talkative	Tolerant	Domineering	Flexible
Trusting	Enthusiastic	Shy	Self-centered
Well-liked	Controlling	Cheerful	Rude
Patient	Timid	Respectful	Careless

5. Please provide comments regarding the applicant that you feel would be helpful.

6. I would: _____ recommend this individual as a counselor/staff member,
_____ recommend with reservation this individual as counselor/staff member,
_____ not recommend this individual as a counselor/staff member.

Thank you for your assistance!

Please return the completed reference to:

**Karen Cornies, Executive Director
Silver Lake Mennonite Camp
72 Pine Forest Drive
Sauble Beach ON N0H 2G0
dave@slmc.ca
519-422-1401**

Due December 1, 2016