

CONFIDENTIAL SALT REFERENCE

To Applicant: Please give this form to one of the following: **Pastor, Youth Pastor or Elder/Deacon**

* Please give the recipient of this form an addressed, stamped envelope*

To Recipient: The individual below has applied for the **Skills And Leadership Training** program at Camp Widjiitiwin and has selected you to give a reference. Please complete this form and mail it as soon as possible. If you have any questions, please call us at 1-800-551-0168, fax 705-789-6668; Mail or fax the completed for directly to Camp Widjiitiwin, Box 10020, Huntsville, ON P1H 2K1

Name of Applicant: _____

How long have you known applicant? _____ How well do you know applicant? Slightly/Well/Very Well

In what capacity do you know the applicant? _____

Do you feel the applicant has a growing, personal relationship with Jesus Christ? YES / NO

Please comment: _____

Does the applicant have a genuine desire to share their faith in Christ? _____

Please comment: _____

Do you know of any reason why this applicant would **NOT** be suitable for this program? _____

If yes, please explain: _____

Would you consider the applicant qualified to supervise children? YES / NO Please explain your answer: _____

Please write an estimation of the applicant's character and ability for ministry to others. Please comment on present service for others, leadership skills, initiative, capacity for work, dependability, concern for others, integrity and level of spiritual maturity. (Use other side if more space is required). _____

Thank you for taking time to fill out this reference form. This statement will be kept confidential.

Name: _____ Home phone: _____

Signature: _____ Church phone: _____

Church name and address: _____

CONFIDENTIAL SALT REFERENCE

To Applicant: Please give this form to one of the following: **Employer, Teacher or Adult Family Friend**
* Please give the recipient of this form an addressed, stamped envelope*

To Recipient: The individual below has applied for the **Skills And Leadership Training** program at Camp Widjiitiwin and has selected you to give a reference. Please complete this form and mail it as soon as possible. If you have any questions, please call us at 1-800-551-0168, fax 705-789-6668; Mail or fax the completed for directly to Camp Widjiitiwin, Box 10020, Huntsville, ON P1H 2K1

Name of Applicant: _____

How long have you known applicant? _____ How well do you know applicant? Slightly/Well/Very Well

In what capacity do you know the applicant? _____

Please grade the applicant on the following personal qualities and attitudes:
(1) Excellent (2) Good (3) Fair (4) Weak in the area (5) Do not know

ATTITUDES

Towards authority ____ Towards peers ____ Towards parents ____

PERSONAL QUALITIES

Integrity ____	Leadership ____	Ability to work with others ____
Loyalty ____	Initiative ____	Willingness to take criticism ____
Friendliness ____	Capacity for work ____	Concern for children ____
Dependability ____	Emotional stability ____	Honesty ____
Enthusiasm ____	Tact ____	Punctuality ____

Comments on any of the above:

Do you know of any reason why this applicant would **NOT** be suitable for this program? _____

If yes, please explain: _____

Thank you for taking time to fill out this reference form. This statement will be kept confidential.

Name: _____ Home phone: _____

Signature: _____

Address: _____
