

Alton Bay Christian Conference Center

&

CAMP ADVENCHUR



Staff Reference Form

Name of applicant: _____

Address: _____

City: _____ State: _____ Zip Code: _____

Position for which applicant is seeking employment: _____

In order that we may make an intelligent selection of our workers, we are seeking information concerning the above listed applicant. The information which you give will be treated in the strictest confidence (to help with this confidentiality, we ask that you mail the completed form directly to the address listed at the bottom on the back of this form, and make no copies), and we shall appreciate straightforward answers to the following:

1. How long have you known this applicant? _____ How well? _____

In what relationship? _____

What level of communication have you had with the applicant in the past 6 months?

None () Surface () Personal () Very Personal ()

2. Do you know the applicant to have a personal commitment to Jesus Christ? _____

3. To your knowledge, does the applicant's personality and lifestyle provide a positive Christian role model to young people? _____

4. Does the applicant relate to the non-Christian world in a warm, positive and secure manner? _____

5. How well does the applicant get along with others of the same sex? _____

Of the opposite sex? _____

6. Has the applicant been convicted of any crime that has not been annulled by a court, including but not limited to child abuse, sexual abuse or assault, assault, or child pornography? If yes, please specify the nature of the crime, the date of the conviction and the city and state of conviction: _____

7. Please list below from your observation of the life and service of the applicant:

Three Strongest Points

Three Weakest Points

1. _____

1. _____

2. _____

2. _____

3. _____

3. _____

PLEASE COMPLETE BOTH SIDES OF THIS FORM

8. LIMITATIONS: Listed below are some of the tendencies which, if present, although not disqualifying, may reduce the effectiveness of the applicant's service and about which the applicant could be counseled. Please underline any traits which you have noted:

Impatient, intolerant, argumentative, domineering, sullen, cocky, very critical, jokingly critical; Easily embarrassed, offended, discouraged, depressed, or irritated; Frequently worried, nervous, or tense; Prejudiced toward groups, races, or nationalities; Given to exclusive or absorbing friendships; Lacking in humor, or inability to take a joke.

If you have noted any of these or similar limitations in this applicant, please comment, describing the form and intensity of such behavior: _____

9. How do you rate this applicant's overall fitness for camping/conference service?
Superior () Average () Below Average () Should be discouraged ()

10. Do you believe this applicant has the spiritual, physical, and emotional maturity to serve the Lord at camp, and do you recommend his/her participation in this program? _____

11. Are there some things about the applicant of which his/her direct supervisor should be aware, or cautioned about, so as to help ensure good team relationships and to help the applicant grow both in character and in ministry skills? _____ If yes, please explain: _____

12. If you consider it helpful, list other persons qualified to give a sound appraisal of this applicant.
Name: _____ Address: _____ Relationship to Applicant: _____

Summary

1. Is this person mature enough socially, spiritually and personally to have a good working experience working closely within a group?
Mature enough () Marginal () Allow God to work more first ()

2. Do you have any hesitations or reservations about the applicant's qualifications? _____ If yes, please explain: _____

Overall Recommendation

- ____ Recommend without reservation
- ____ Marginal acceptance; have some reservations
- ____ Definitely NOT recommended

I have reviewed this reference form and to the best of my knowledge, it is an accurate reflection of the applicant.

Your Signature _____ Date _____

Sometimes we would like the opportunity to follow up this information you have provided. If you would be willing, please complete the following information: Your name (printed): _____
Address _____ Phone: _____
City/State/Zip _____

Return this form to: Attention: Executive Director, ABCCC, PO Box 321, Alton Bay, NH 03810