

Summit Leadership Camp

REFERENCE QUESTIONNAIRE FORM - Please give to your PASTOR

(Please use a pen and print clearly)

Complete and return to (Applicant): _____ at _____

(Coordinator address)

Applicant's Full Name: _____

Main Contact Phone: _____ Email Address: _____

1. What is your relationship with the applicant? Pastor
2. How long have you known the applicant? Less than One Year One to Five Years More than Five Years
3. How familiar are you with the applicant? Distant Acquaintance Acquaintance Close Friend
4. How does the applicant relate to others? Frequent Problems Occasional Problems Rarely a Problem Very Well
5. Would you consider the applicant a team player? Yes No
6. Have you observed the applicant interacting with children? Yes No
7. Does the applicant get along with children? Yes No Please Explain: _____

8. Please rate the emotional maturity of the applicant? Mature Immature
Please Explain: _____

9. Have you ever witnessed the applicant losing his/her temper? Yes No

10. Can the applicant handle change/are they flexible? Yes No

11. Does the applicant frequently follow through on his/her commitments? Yes No

12. To your knowledge, has the applicant ever had problems with drugs or alcohol? Yes No

13. To your knowledge, has the applicant ever been accused or charged with child sexual abuse or child abuse? Yes No

14. Would you recommend the applicant for work with children without any reservation? Yes No

15. Would you entrust your own children to this person? Yes No

16. Do you know of any circumstance that would make it inappropriate for the applicant to work with children? Yes No

17. Do you know of any circumstance about the applicant that would compromise this ministry? Yes No

18. Is there anything else that you would like to say to help in this decision about the applicant? Yes No

Please Explain: _____

Signature

Print Full Name

Date

Phone Number

Address, City, State, Zip

Email