

APPLICANT RECOMMENDATION

(Must be completed by a person other than a family member)

TO BE COMPLETED BY APPLICANT – Please print

Applicant's Name: _____ Phone: (_____) _____

By my signature I authorize the release of any information relative to employment, agree to the anonymity of the response and agree to "hold harmless" any respondent.

Applicant's Signature

The above-named individual has made application for employment with The Salvation Army's Little Pine Island Camp. As a reference, please complete the form below to the best of your ability. If you are unable or not qualified to answer any specific question, please make a NA response and continue. Please return the completed recommendation directly to the camp. All responses are confidential as required by law.

PLEASE CHECK THE RESPONSE THAT BEST DESCRIBES THE APPLICANT RELATIVE TO THE SUBJECT

COOPERATION	<input type="checkbox"/>	Defiant	<input type="checkbox"/>	Complainer	<input type="checkbox"/>	Cooperative	<input type="checkbox"/>	Genuine interest	<input type="checkbox"/>	Enthusiastic
DEPENDABILITY	<input type="checkbox"/>	Ignores duties	<input type="checkbox"/>	Makes excuses	<input type="checkbox"/>	Fulfills duties	<input type="checkbox"/>	Reliable	<input type="checkbox"/>	Unswerving
STABILITY	<input type="checkbox"/>	Over reacts	<input type="checkbox"/>	Moody	<input type="checkbox"/>	Even keeled	<input type="checkbox"/>	Optimistic	<input type="checkbox"/>	Unshakable
TEACHABILITY	<input type="checkbox"/>	Know it all	<input type="checkbox"/>	Uninterested	<input type="checkbox"/>	Observant	<input type="checkbox"/>	Quick learner	<input type="checkbox"/>	Brilliant
LEADERSHIP	<input type="checkbox"/>	Unsupportive	<input type="checkbox"/>	Needs prodding	<input type="checkbox"/>	Passive	<input type="checkbox"/>	Willing to lead	<input type="checkbox"/>	Persuasive leader
INTIATIVE	<input type="checkbox"/>	Negligent	<input type="checkbox"/>	Careless	<input type="checkbox"/>	Mindful	<input type="checkbox"/>	Conscientious	<input type="checkbox"/>	Driven
SOCIAL DEMEANOR	<input type="checkbox"/>	Insolent	<input type="checkbox"/>	Rude	<input type="checkbox"/>	Civil	<input type="checkbox"/>	Kind	<input type="checkbox"/>	Chivalrous
INVOLVEMENT	<input type="checkbox"/>	Conceited	<input type="checkbox"/>	Aloof	<input type="checkbox"/>	Involved	<input type="checkbox"/>	Receptive	<input type="checkbox"/>	Inviting
PERSONAL FAITH	<input type="checkbox"/>	Hypocritical	<input type="checkbox"/>	Confused	<input type="checkbox"/>	Authentic	<input type="checkbox"/>	Vibrant	<input type="checkbox"/>	Saintly
CHILD AWARE	<input type="checkbox"/>	Intolerant	<input type="checkbox"/>	Tolerates	<input type="checkbox"/>	Attentive	<input type="checkbox"/>	Inclusive	<input type="checkbox"/>	Invested

I have known the applicant _____ years... In what capacities? _____, _____,

What do you consider the applicants strengths to be?

Their weaknesses?

Has the applicant ever been removed from a responsibility due to an indiscretion with a child? ___No___Yes

Please elaborate on any "yes" response:

What is your overall evaluation of the applicant relative to hiring to work with children?

___Unsuitable___ ___Recommend Hesitantly___ ___Recommend___ ___Recommend Confidently___ ___Enthusiastic Recommendation___

Describe applicant's church participation and devotional life (if known)? (Only considered for program positions.)

Would you trust your own children to the applicants care and supervision? ___No___ ___Probably___ ___Absolutely___

Thank you for your honest evaluation of the applicant. If you wish to make additional comments regarding the applicant's family relationships, life goals, strengths, weaknesses, experience, ability to work with children, please feel free to use the back of this form.

Respondent's Signature

Date

Print Name

Phone #

Please return completed forms to applicant in a sealed envelope for submission or, fax at (616)784-3432 or mail to:

Little Pine Island Camp, 6889 Pine Island Dr. NE, Comstock Park, MI 49321