PASTOR'S REFERENCE FORM FOR SUMMER MINISTRY POSITION

		ent, please and other pastor reference
Ministry stalf applicant shou Applicant's Name:		Phone Number:
Position(s) applied for:		
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
Dear Pastor: The above-named person is applying for a Summer Camp Ministry Staff position at The Salvation Army Wonderland Camp. The personal information requested below will supplement the information already presented by the applicant in his or her application and/or in a follow-up interview. Your objective evaluation of the applicant's personal character is of great importance to us. If unable or not familiar enough with the applicant to answer any given question, please mark it as "NA". Any information you give us will be held in the strictest confidence. Please return this form directly to Wonderland Camp at the address below.		
COOPERATION DEPENDABILITY STABILITY TEACHABILITY LEADERSHIP INTIATIVE SOCIAL DEMEANOR INVOLVEMENT PERSONAL FAITH CHILD AWARE SERVANT LEADER How long have you know	Defiant Complainer Makes excuses Moody Know It all Unsupportive Needs prodding Negligent Insolent Conceited Hypocritical Intolerant Self-Centered Insensitive Insensitive Complainer Makes excuses Moody Uninterested Needs prodding Careless Rude Careless Rude Confused Tolerates Insensitive Confused Confused	Even keeled Optimistic Unshakable Observant Quick teamer Brilliant
Their weaknesses?		
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?NoProbablyAbsolutely 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 # and best time to contact

t Name
Phone # and best time to contact
Please return completed forms to applicant in a sealed envelope for submission or, fax at (262)889-4307 or mail to:
Wonderland Camp, ATTN: Zac Smith, 9241 Camp Lake Rd., Camp Lake, WI 53109