

PERSONAL REFERENCE EVALUATION #1

SECTION A—To be completed by candidate

Name of reference: _____ Name of Candidate: _____
** This should be one of the individuals listed on page 3 of your application* Position Applied for: _____

I hereby authorize any investigator or duly accredited representative of The Salvation Army bearing this release to obtain any information from schools, residential management agents, employers, criminal justice agencies or individuals relating to any activities. This information may include, but is not limited to, academic, residential, achievement, performance, attendance, personal history, disciplinary, arrest and conviction records. I hereby direct you to release such information upon request of the bearer.

I hereby release any individual, including record custodians, from any and all liability for damages of whatever kind or nature, which may at any time result to me on account of compliance, or any attempts to comply, with this authorization.

Dated: _____ Candidates Signature: _____

Please provide your reference with a stamped envelope addressed to:

Camp Gifford
Attn: Daniel Tollerud
222. E. Indiana Ave
Spokane, WA 99207
Email: Daniel.Tollerud@usw.salvationarmy.org

SECTION B—To be completed by reference

The above named candidate is applying for a position at Camp Gifford. This position requires close contact with children. Because safety of the children in our care is of utmost importance, the camp administration finds candid, thorough evaluations invaluable to the decision making process. Please include any information that you feel is pertinent, and remember that your prompt appraisal of the candidate will help ensure full consideration. Please fill it out and return to the above address under confidential cover. Faxes are accepted with the original to follow by mail. Your statements will not be shared with the candidate. Statements are considered as a whole in respect to the position applied for, and do not individually constitute immediate consideration nor disqualification. Thank you.

Please Rate the candidate in the following areas. Please be realistic and honest in your judgment. If there is a quality that you have not personally observed, feel free to leave it blank.

| | Superior | Above Average | Average | Below Average | Does Not Apply or Have Not Observed |
|---------------------------------------|----------|---------------|---------|---------------|-------------------------------------|
| Leadership | | | | | |
| Dependability | | | | | |
| Emotional Stability & Self Esteem | | | | | |
| Ability to Work With Others | | | | | |
| Personal Integrity | | | | | |
| Spiritual Influence | | | | | |
| Respect for Others | | | | | |
| Follows Directions | | | | | |
| Communication Skills | | | | | |
| Patience | | | | | |
| Flexibility | | | | | |
| Ability to Work With Children | | | | | |
| Relates to People of Diverse Cultures | | | | | |
| Maturity & Judgment | | | | | |
| Spiritual Commitment | | | | | |
| Commitment to Corps or Church | | | | | |



Personal Reference #1 Continued

What experience or strengths does this candidate possess pertaining to the position applied for?

Can you please describe your knowledge of the work quality and ethic of the candidate?

How would you describe the candidate's faith and its importance in their daily lives?

To your knowledge is there any fact or circumstance in the candidate's background that would call into question his/her ability to supervise, guide and care for the young people being entrusted into his/her care? Y N

If yes, please explain: _____

In your opinion, is there any reason to suspect that this candidate may intentionally or unintentionally harm a child physically, sexually or emotionally? Y N

If yes, please explain your answer. _____

Would you leave your child in the care of this candidate? Y N

How long and in what capacity do you know this candidate? _____

Please write any other comments: _____

I (choose one).....

- recommend
- do not recommend
- recommend with reservation

.....this candidate for a position at The Salvation Army Camp Gifford

Printed Name _____ Title _____

Phone Number _____ E-mail _____

Signature _____ Date _____

If we need to talk with you by phone, when would be the best time of day to contact you? _____