

# REFERENCE FORM

\_\_\_\_\_ has applied to be involved with the VP Ministries Camping Program as a \_\_\_\_\_ at \_\_\_\_\_. He/She has listed you as a reference who could evaluate their potential for this position and who has knowledge of their character and ability.

1. How long have you known the applicant? \_\_\_\_\_ In what capacity? \_\_\_\_\_
2. How does the applicant relate to children? \_\_\_\_\_

For questions 3 – 11, use a scale of 1 – 5 (1=Low, 5=High) Comment if desired.

- |  |   |   |   |   |   |
|--|---|---|---|---|---|
| 3. The Integrity of the applicant                        | 1 | 2 | 3 | 4 | 5 |
| 4. Work ethic of applicant                               | 1 | 2 | 3 | 4 | 5 |
| 5. Trustworthiness of applicant                          | 1 | 2 | 3 | 4 | 5 |
| 6. Spiritual maturity of applicant                       | 1 | 2 | 3 | 4 | 5 |
| 7. How well does this person adapt to changes?           | 1 | 2 | 3 | 4 | 5 |
| 8. How well does this person relate to children?         | 1 | 2 | 3 | 4 | 5 |
| 9. How well does this person relate to authority?        | 1 | 2 | 3 | 4 | 5 |
| 10. How strongly do you trust this person with children? | 1 | 2 | 3 | 4 | 5 |
| 11. How strongly would you recommend this person?        | 1 | 2 | 3 | 4 | 5 |
| 12. Please list any reservations you may have            |   |   |   |   |   |

- 
- 
13. Are you aware of any allegations or convictions with this applicant? (Abuse or Felonies) \_\_\_\_\_
  14. In your opinion, will this person benefit more or will the camping ministry benefit more from their presence during the time they may be at camp? Why? \_\_\_\_\_

---

Please feel free to make any other comments about this individual, which we have not asked. This will assist us in making a decision about whether or not to utilize this applicant or how best to utilize them within our ministry. Also, feel free to call us with any additional verbal comments you would like to add concerning this applicant. These comments will be held in strict confidence. Call (315) 314-7460.

---

---

Signed \_\_\_\_\_

Date \_\_\_\_\_

Print Name \_\_\_\_\_

Best Contact # \_\_\_\_\_

Please return to: **VP Ministries – Reference Form**  
**PO Box 559**  
**Manlius, NY 13104**

Revised 2/1/17