

REFERENCE FORM - One Hope Canada

_____ is applying to work with One Hope Ministries of Canada at _____ CAMP. Your name has been given as a reference. We would appreciate straight forward answers to the following questions and your frank opinion of the applicant. We are relying on you to state, to the best of your knowledge, whether you believe the applicant is qualified to serve the Lord with our Mission. Your quick response will enable us to let the applicant know our committees' decision as soon as possible. Your reply will be kept strictly confidential. It is in the interest of both the applicant and the Mission that an honest appraisal be given.

1. How long have you known the applicant? _____
2. Relationship to applicant? _____
3. Does this person display sound Christian morals? _____

Have you ever had occasion to question the applicant's morals? (if yes please explain): Yes No

4. Do they have a consistent Christian testimony and influence?
 - a) in the church? Yes No
 - b) in their community? Yes No

5. Would they be loyal and keep a confidence? Yes No

6. How does the applicant respond to authority?

7. Have you observed any physical weaknesses or emotional problem that would hinder the applicant's involvement in an intensive camping program? (if yes please explain): Yes No

8. Please list any skills, talents, personality, and character strengths you have observed:

9. Please list any personality or character weaknesses you have observed:

10. Describe applicant's work ethic:

11. Do you recommend that we accept this applicant? Yes With reservation Unsure No
If other than yes, please give a brief statement regarding your recommendation:

12. Would you be comfortable to have your children under the direct care of this person? Why or why not? Yes No

If you have further information which you feel could be helpful, please use a separate page or call the One Hope Canada office 1-888-860-2580.

Name and address of person filling out form:

First: _____ Last: _____

Address: _____ City/Town: _____ Prov/State: _____

Postal code/zip _____ Phone Number: () _____ - _____

Signature *Date*

PLEASE MAIL OR FAX THIS FORM DIRECTLY TO THE CAMP TO WHICH THE APPLICANT IS APPLYING.