

Applicant's Full Name: _____

Summit Leadership Camp

PASTOR REFERENCE QUESTIONNAIRE FORM

(Please use a pen and print clearly)

Complete and return to Camp Registrar: Cindy Smeltzer by mail: 41 Mallorca, Laguna Niguel, CA 92677 or by scanning and emailing to: SummitCampRegistrar@gmail.com

Pastor's Main Contact Phone: _____ Email Address: _____

1. What is your relationship with the applicant? Pastor
2. How long have you known the applicant? Less than One Year One to Five Years More than Five Years
3. How familiar are you with the applicant? Distant Acquaintance Acquaintance Close Friend
4. How does the applicant relate to others? Frequent Problems Occasional Problems Rarely a Problem Very Well
5. Would you consider the applicant a team player? Yes No
6. Have you observed the applicant interacting with children? Yes No
7. Does the applicant get along with children? Yes No . . . Please Explain: _____

8. Please rate the emotional maturity of the applicant? Mature Immature
Please Explain: _____
9. Have you ever witnessed the applicant losing his/her temper? Yes No
10. Can the applicant handle change by being flexible? Yes No
11. Does the applicant frequently follow through on his/her commitments? Yes No
12. To your knowledge, has the applicant ever had problems with drugs or alcohol? Yes No
13. To your knowledge, has the applicant ever been accused or charged with child sexual abuse or child abuse? Yes No
14. Would you recommend the applicant for work with children without any reservation? Yes No
15. Would you entrust your own children to this person? Yes No
16. Do you know of any circumstance that would make it inappropriate for the applicant to work with children? Yes No
17. Do you know of any circumstance about the applicant that would compromise this ministry? Yes No
18. Is there anything else that you would like to say to help in this decision about the applicant? Yes No

Please Explain: _____

Signature

Print Full Name

Date

Phone Number

Address, City, State, Zip

Applicant's Full Name: _____

Summit Leadership Camp

COMMANDER REFERENCE QUESTIONNAIRE FORM

(Please use a pen and print clearly)

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Commander's Main Contact Phone: _____ Email Address: _____

1. What is your relationship with the applicant? Commander/Director
2. How long have you known the applicant? Less than One Year One to Five Years More than Five Years
3. How familiar are you with the applicant? Distant Acquaintance Acquaintance Close Friend
4. How does the applicant relate to others? Frequent Problems Occasional Problems Rarely a Problem Very Well
5. Would you consider the applicant a team player? Yes No
6. Have you observed the applicant interacting with children? Yes No
7. Does the applicant get along with children? Yes No . . . Please Explain: _____

8. Please rate the emotional maturity of the applicant? Mature Immature
Please Explain: _____
9. Have you ever witnessed the applicant losing his/her temper? Yes No
10. Can the applicant handle change by being flexible? Yes No
11. Does the applicant frequently follow through on his/her commitments? Yes No
12. To your knowledge, has the applicant ever had problems with drugs or alcohol? Yes No
13. To your knowledge, has the applicant ever been accused or charged with child sexual abuse or child abuse? Yes No
14. Would you recommend the applicant for work with children without any reservation? Yes No
15. Would you entrust your own children to this person? Yes No
16. Do you know of any circumstance that would make it inappropriate for the applicant to work with children? Yes No
17. Do you know of any circumstance about the applicant that would compromise this ministry? Yes No
18. Is there anything else that you would like to say to help in this decision about the applicant? Yes No

Please Explain: _____

Signature

Print Full Name

Date

Phone Number

Address, City, State, Zip

Applicant's Full Name: _____

Summit Leadership Camp

FRIEND REFERENCE QUESTIONNAIRE FORM

(Please use a pen and print clearly)

Complete and return to Camp Registrar: Cindy Smeltzer by mail: 41 Mallorca, Laguna Niguel, CA 92677 or by scanning and emailing to: SummitCampRegistrar@gmail.com

Friend's Main Contact Phone: _____ Email Address: _____

1. What is your relationship with the applicant? Friend
2. How long have you known the applicant? Less than One Year One to Five Years More than Five Years
3. How familiar are you with the applicant? Distant Acquaintance Acquaintance Close Friend
4. How does the applicant relate to others? Frequent Problems Occasional Problems Rarely a Problem Very Well
5. Would you consider the applicant a team player? Yes No
6. Have you observed the applicant interacting with children? Yes No
7. Does the applicant get along with children? Yes No . . . Please Explain: _____

8. Please rate the emotional maturity of the applicant? Mature Immature
Please Explain: _____
9. Have you ever witnessed the applicant losing his/her temper? Yes No
10. Can the applicant handle change by being flexible? Yes No
11. Does the applicant frequently follow through on his/her commitments? Yes No
12. To your knowledge, has the applicant ever had problems with drugs or alcohol? Yes No
13. To your knowledge, has the applicant ever been accused or charged with child sexual abuse or child abuse? Yes No
14. Would you recommend the applicant for work with children without any reservation? Yes No
15. Would you entrust your own children to this person? Yes No
16. Do you know of any circumstance that would make it inappropriate for the applicant to work with children? Yes No
17. Do you know of any circumstance about the applicant that would compromise this ministry? Yes No
18. Is there anything else that you would like to say to help in this decision about the applicant? Yes No

Please Explain: _____

Signature

Print Full Name

Date

Phone Number

Address, City, State, Zip