

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. Please respond quickly so we can inform the applicant of our 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 opinion is given.

1. How long have you known the applicant? _____
2. Relationship to applicant? _____
3. In what ways does this person display Christian character? _____

Is there anything in their Christian walk (past or present) that would make you question their ability to serve effectively? (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 able to 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. Would you be comfortable to have your children under the direct care of this person? Why or why not? ☐ Yes ☐ No

12. 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:

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.