

Canyonview Ministries

RECOMMENDATIONS FOR STAFF

To be completed by a **Friend**

(Non-family members. Use peers only if they are former Canyonview staff.)

RETURN TO:
 Personnel Office
 CANYONVIEW MINISTRIES
 Post Office Box 128
 Silverton, Oregon 97381

APPLICANT'S NAME: _____

ADDRESS: _____ CITY: _____ STATE: _____ ZIP: _____

POSITION APPLYING FOR: 1. _____ 2. _____ 3. _____

The above named person is applying for staff at Canyonview Camp. The personal information requested below will supplement that provided by personal interview. It is of great importance to us to obtain objective and valid statements from persons who have some personal knowledge of the applicant's ability and characteristics.

The early return of this form will be appreciated as it will expedite the processing of this candidate's application. Any information, which you give us, will be regarded as *strictly confidential*. Please send this form directly to **Canyonview Camp**.

1. How long have you known the applicant? _____ In what capacity? _____
2. Is the applicant a Christian? _____ Has the applicant ever shared his/her personal commitment with you? _____
3. If the applicant were to be hired at Canyonview, what do you think the attitudes, feelings, or comments from their parents or other relatives might be? _____
4. Please list one positive and one negative characteristic of the applicant.
 Positive _____ Negative _____
5. Are you recommending the applicant because of what they can contribute to our camping program? Or because of what we can do for him/her? Or both?
6. Please check **one** of the following blanks that best describes the applicant. *Your comments are very valuable to us.* The applicant is:

	<u>Generally</u>	<u>Sometimes</u>	<u>Not Often</u>	Comments
Able to follow instructions	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____
Loyal	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____
Outgoing and friendly	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____
An able leader of others	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____
Consistent in Christian testimony	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____
Disciplined in personal habits	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____
Enthusiastic	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____
Able to adjust to different situations	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____
Able to cope with other's problems	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____
Easily offended	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____
Inclined to criticize others	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____

	<u>Generally</u>	<u>Sometimes</u>	<u>Not Often</u>	<u>Comments</u>
Moody	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____
Talkative	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____
Able to work in a team situation	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____

Additional Comments: _____

7. Please grade the applicant **1, 2, 3, or 4** on the following characteristics and traits: **1 Superior; 2 Above average; 3 Average; 4 Weak in that area.** Please evaluate the applicant in relationship to his/her own age group.

- | | |
|-----------------------------------|---|
| _____ Personal appearance | _____ Courtesy |
| _____ (I) Introvert/(E)Extrovert | _____ Honesty and personal integrity |
| _____ Physical condition | _____ Willingness |
| _____ Dependability | _____ Punctuality |
| _____ Judgment | _____ Initial impression |
| _____ Ability to make friends | _____ Proper attitude toward opposite sex |
| _____ Sense of humor | _____ Proper attitude toward authority |
| _____ Initiative | _____ Attitude toward hard work |

8. There is a possibility that the applicant would be employed as a camp counselor; would you consider the applicant *qualified to counsel your child or teenager*? Yes No

9. To your knowledge has this person ever been charged with or convicted of any criminal offense? _____ If yes, give the state or county where offense occurred (*if known*).

10. Please check your choice of recommendation:

- | | |
|---|--|
| <input type="checkbox"/> I strongly recommend | <input type="checkbox"/> I recommend with some reservation |
| <input type="checkbox"/> I recommend | <input type="checkbox"/> I do not recommend |

Additional Comments: _____

SIGNATURE _____ NAME (*Print*) _____

ADDRESS _____ DATE _____

POSITION & ORGANIZATION _____ PHONE _____

Thank you for your assistance.
Personnel Office
 971-239-1347

Canyonview Ministries

RECOMMENDATIONS FOR STAFF

To be completed by a **Christian worker**
 (Non-family members. Use peers only if they are former Canyonview staff.)

RETURN TO:
 Personnel Office
 CANYONVIEW MINISTRIES
 Post Office Box 128
 Silverton, Oregon 97381

APPLICANT'S NAME: _____

ADDRESS: _____ CITY: _____ STATE: _____ ZIP: _____

POSITION APPLYING FOR: 1. _____ 2. _____ 3. _____

The above named person is applying for staff at Canyonview Camp. The personal information requested below will supplement that provided by personal interview. It is of great importance to us to obtain objective and valid statements from persons who have some personal knowledge of the applicant's ability and characteristics.

The early return of this form will be appreciated as it will expedite the processing of this candidate's application. Any information, which you give us, will be regarded as *strictly confidential*. Please send this form directly to **Canyonview Camp**.

1. How long have you known the applicant? _____ In what capacity? _____

2. Is the applicant a Christian? _____ Has the applicant ever shared his/her personal commitment with you? _____

3. If the applicant were to be hired at Canyonview, what do you think the attitudes, feelings, or comments from their parents or other relatives might be? _____

4. Please list one positive and one negative characteristic of the applicant.
 Positive _____ Negative _____

5. Are you recommending the applicant because of what they can contribute to our camping program? Or because of what we can do for him/her? Or both?

6. Please check **one** of the following blanks that best describes the applicant. *Your comments are very valuable to us.* The applicant is:

	<u>Generally</u>	<u>Sometimes</u>	<u>Not Often</u>	<u>Comments</u>
Able to follow instructions	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____
Loyal	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____
Outgoing and friendly	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____
An able leader of others	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____
Consistent in Christian testimony	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____
Disciplined in personal habits	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____
Enthusiastic	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____
Able to adjust to different situations	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____
Able to cope with other's problems	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____
Easily offended	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____

Inclined to criticize others _____

Generally Sometimes Not Often Comments

Moody _____

Talkative _____

Able to work in a team situation _____

Additional Comments: _____

7. Please grade the applicant **1, 2, 3, or 4** on the following characteristics and traits: **1 Superior; 2 Above average; 3 Average; 4 Weak in that area.** Please evaluate the applicant in relationship to his/her own age group.

- | | |
|-----------------------------------|---|
| _____ Personal appearance | _____ Courtesy |
| _____ (I) Introvert/(E)Extrovert | _____ Honesty and personal integrity |
| _____ Physical condition | _____ Willingness |
| _____ Dependability | _____ Punctuality |
| _____ Judgment | _____ Initial impression |
| _____ Ability to make friends | _____ Proper attitude toward opposite sex |
| _____ Sense of humor | _____ Proper attitude toward authority |
| _____ Initiative | _____ Attitude toward hard work |

8. There is a possibility that the applicant would be employed as a camp counselor; would you consider the applicant *qualified to counsel your child or teenager*? Yes No

9. To your knowledge has this person ever been charged with or convicted of any criminal offense? _____ If yes, give the state or county where offense occurred (*if known*).

10. Please check your choice of recommendation:

- | | |
|---|--|
| <input type="checkbox"/> I strongly recommend | <input type="checkbox"/> I recommend with some reservation |
| <input type="checkbox"/> I recommend | <input type="checkbox"/> I do not recommend |

Additional Comments: _____

SIGNATURE _____ NAME (*Print*) _____

ADDRESS _____ DATE _____

POSITION & ORGANIZATION _____ PHONE _____

Thank you for your assistance.

Personnel Office

971-239-1347

Canyonview Ministries

RECOMMENDATIONS FOR STAFF

To be completed by an employer

(Non-family members. Use peers only if they are former Canyonview staff.)

RETURN TO:
 Personnel Office
 CANYONVIEW MINISTRIES
 Post Office Box 128
 Silverton, Oregon 97381

APPLICANT'S NAME: _____

ADDRESS: _____ CITY: _____ STATE: _____ ZIP: _____

POSITION APPLYING FOR: 1. _____ 2. _____ 3. _____

The above named person is applying for staff at Canyonview Camp. The personal information requested below will supplement that provided by personal interview. It is of great importance to us to obtain objective and valid statements from persons who have some personal knowledge of the applicant's ability and characteristics.

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	<u>Generally</u>	<u>Sometimes</u>	<u>Not Often</u>	Comments
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Loyal	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____
Outgoing and friendly	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____
An able leader of others	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____
Consistent in Christian testimony	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____
Disciplined in personal habits	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____
Enthusiastic	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____
Able to adjust to different situations	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____
Able to cope with other's problems	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____
Easily offended	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____
Inclined to criticize others	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____

	<u>Generally</u>	<u>Sometimes</u>	<u>Not Often</u>	<u>Comments</u>
Moody	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____
Talkative	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____
Able to work in a team situation	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____

Additional Comments: _____

7. Please grade the applicant **1, 2, 3, or 4** on the following characteristics and traits: **1 Superior; 2 Above average; 3 Average; 4 Weak in that area.** Please evaluate the applicant in relationship to his/her own age group.

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| _____ Personal appearance | _____ Courtesy |
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| _____ Ability to make friends | _____ Proper attitude toward opposite sex |
| _____ Sense of humor | _____ Proper attitude toward authority |
| _____ Initiative | _____ Attitude toward hard work |

8. There is a possibility that the applicant would be employed as a camp counselor; would you consider the applicant *qualified to counsel your child or teenager*? Yes No

9. To your knowledge has this person ever been charged with or convicted of any criminal offense? _____ If yes, give the state or county where offense occurred (*if known*).

10. Please check your choice of recommendation:

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|---|--|
| <input type="checkbox"/> I strongly recommend | <input type="checkbox"/> I recommend with some reservation |
| <input type="checkbox"/> I recommend | <input type="checkbox"/> I do not recommend |

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