



Rhodes Grove 24/7 Reference Form

Name of Applicant: _____

Name of Reference: _____

Rhodes Grove's 24/7 is an intense 3 year program with gathers from September to May each year. The program includes hands-on learning experience to develop leadership skills, communication skills, and techniques for better becoming a Christian leader. 24/7 students are an important part of our camp community and are role models for younger campers.

Rhodes Grove greatly appreciates your frank and candid statements concerning this applicant's ability to successfully perform the duties of 24/7. We will keep all information confidential unless you say otherwise. You do not need to share this reference with the applicant, though you have that freedom.

Please rate the applicant in the following areas:

	Highly Developed	Above Average	Average	Below Average	Unknown
Responsibility	_____	_____	_____	_____	_____
Dependability	_____	_____	_____	_____	_____
Maturity	_____	_____	_____	_____	_____
Accepts direction from supervisors	_____	_____	_____	_____	_____
Ability to motivate others	_____	_____	_____	_____	_____
Personal initiative	_____	_____	_____	_____	_____
Enthusiasm for work	_____	_____	_____	_____	_____
Acceptance of difference in others	_____	_____	_____	_____	_____
Accepts criticism	_____	_____	_____	_____	_____
Ability to work in groups	_____	_____	_____	_____	_____

How long have you know the applicant and in what capacity?

What strong traits do you see in the applicant?



What do you consider the applicant's challenge areas?

How well does the applicant respond to authority? Do you have a positive/negative example?

Do you have any concerns about the applicant's social or emotional wellbeing?

Knowing the applicant as you do, would you recommend we accept this person for 24/7:

- Enthusiastically Willingly Questionably Not at all

Please feel free to write additional comments below or on a separate sheet of paper. Or if you know of anyone who may know the applicant well and provide additional information please list them below (name, phone).

Name: _____ Phone: _____

Address: _____

Signature: _____ Date: _____

*Please return this form to Tim Wolff, Program Coordinator, at RGC address found below.

