

Office use only: Date Rec'd: \_\_\_\_\_  
Initials: \_\_\_\_\_

# CAMPFIRE MINISTRIES CAMP BOB CAMPFIRE LEADERSHIP TRAINING (CLT) APPLICATION

(Please attach a recent photo to application)

Personal Information (Please ensure this info is correct - we use it to contact you)

Name: \_\_\_\_\_

Address: \_\_\_\_\_  
\_\_\_\_\_

City: \_\_\_\_\_

Prov: \_\_\_\_\_ Postal Code \_\_\_\_\_ Phone #: \_\_\_\_\_

E-mail Address: (please print clearly) \_\_\_\_\_

*This is how we will communicate your acceptance & other important information - if you do not use your own e-mail regularly please give us your parents e-mail address.*

## Personal Information

Birth date: d \_\_\_\_\_ m \_\_\_\_\_ y \_\_\_\_\_ Age: \_\_\_\_\_ Gender:  Male  Female

Emergency Contact Name: \_\_\_\_\_ Phone #: \_\_\_\_\_ Relationship: \_\_\_\_\_

S.I.N.# \_\_\_\_\_ Drivers License #: \_\_\_\_\_ Class: \_\_\_\_\_ Prov.: \_\_\_\_\_

Do you have Medical coverage in Canada \_\_\_\_\_ Personal Health #: \_\_\_\_\_ Prov.: \_\_\_\_\_

Are you a Christian, living for Christ? YES / NO Have you been baptized /when? \_\_\_\_\_

Church you attend: \_\_\_\_\_ Denomination: \_\_\_\_\_

Pastor's Name: \_\_\_\_\_ Phone #: \_\_\_\_\_

Student  Employed  Unemployed Employer or School: \_\_\_\_\_

### (age as of program start date)

CLT Age 14 - 17 CLT A - June 30 - July 20  \$315

CLT B - July 21 - Aug 10  \$315

*Please include cheque with application.*

*If not accepted to the program your cheque will be returned*

T-Shirt Size			
Child	L	<input type="checkbox"/>	XL <input type="checkbox"/>
Adult	Sm	<input type="checkbox"/>	M <input type="checkbox"/>
	L	<input type="checkbox"/>	XL <input type="checkbox"/>

### Application check list:

- Application Form
- Medical Form
- Commitment / Pledge
- Parent Reference form
- Two Reference forms (Must be filled out by adult, non-family members)
- Photo
- Payment

**All forms need to be received before your application will be considered.**

**DEADLINE: Applications MUST be received by MAY 31, 2012**

If you would like help filling out this form or would prefer a personal interview, please contact Les Klassen, Executive Director at 250-202-2219.

Mail application *with payment* to: Campfire Ministries, 7898 Island Highway, Black Creek, BC V9J 1G5  
Phone 250-337-2188

For more information please visit our website: [www.campbob.ca](http://www.campbob.ca)



## Self Evaluation

Please check off the statements which you think apply to you. Feel free to add comments where these do not apply or fully describe your character. Please **be honest** with yourself.

### Public Speaking

- |  |   |                               |
|--|---|-------------------------------|
| <input type="checkbox"/> Effective             | <input type="checkbox"/> Depends on who I am with   | <input type="checkbox"/> Weak |
| <input type="checkbox"/> Enjoy public speaking | <input type="checkbox"/> Find it difficult to share |                               |
- 

### Spiritual Life

- |  |                                      |  |
|--|--------------------------------------|--|
| <input type="checkbox"/> Steady and growing        | <input type="checkbox"/> Up and Down | <input type="checkbox"/> Inspiration to others |
| <input type="checkbox"/> Lean on others for growth | <input type="checkbox"/> Victorious  | <input type="checkbox"/> Lack victory          |
| <input type="checkbox"/> Enjoy regular devotions   |                                      |  |
- 

### Responsibility

- |  |   |  |
|--|---|--|
| <input type="checkbox"/> Dependable    | <input type="checkbox"/> Easily discouraged | <input type="checkbox"/> Quitter                 |
| <input type="checkbox"/> Never give up | <input type="checkbox"/> Need supervision   | <input type="checkbox"/> Do things over and over |
- 

### Personality

- |                                      |   |   |
|--------------------------------------|---|---|
| <input type="checkbox"/> Introvert   | <input type="checkbox"/> Extrovert            | <input type="checkbox"/> Optimist         |
| <input type="checkbox"/> Pessimist   | <input type="checkbox"/> Aggressive           | <input type="checkbox"/> Critical         |
| <input type="checkbox"/> Easy-going  | <input type="checkbox"/> Good sense of humour | <input type="checkbox"/> Self-disciplined |
| <input type="checkbox"/> Cooperative | <input type="checkbox"/> Uncooperative        |   |
- 

### Social Life

- |                                   |   |  |
|-----------------------------------|---|--|
| <input type="checkbox"/> Friendly | <input type="checkbox"/> Loner                          | <input type="checkbox"/> Need privacy          |
| <input type="checkbox"/> Outgoing | <input type="checkbox"/> Lean on others                 | <input type="checkbox"/> Get along with others |
| <input type="checkbox"/> Shy      | <input type="checkbox"/> Have difficulty making friends | <input type="checkbox"/> Contribute to others  |
- 

### Physical Health

- |   |   |  |
|---|---|--|
| <input type="checkbox"/> Rugged         | <input type="checkbox"/> Average        | <input type="checkbox"/> Tire quickly    |
| <input type="checkbox"/> Allergies      | <input type="checkbox"/> Frequent Colds | <input type="checkbox"/> Health problems |
| <input type="checkbox"/> On medications |   |  |
- 

### Leadership Ability

- |                 |   |   |
|-----------------|---|---|
| With peer group | <input type="checkbox"/> A follower             | <input type="checkbox"/> A pace setter      |
|                 | <input type="checkbox"/> Accept responsibility  | <input type="checkbox"/> Easily intimidated |
| With children   | <input type="checkbox"/> Exceptional            | <input type="checkbox"/> Comes naturally    |
|                 | <input type="checkbox"/> Enjoy leading children | <input type="checkbox"/> Have never tried   |
- 

### Work Habits

- |   |  |  |
|---|--|--|
| <input type="checkbox"/> Enjoy work               | <input type="checkbox"/> Procrastinate       | <input type="checkbox"/> Complete assignments  |
| <input type="checkbox"/> Let others do it         | <input type="checkbox"/> Follow instructions | <input type="checkbox"/> Ignore instructions   |
| <input type="checkbox"/> Sloppy                   | <input type="checkbox"/> Perfectionist       | <input type="checkbox"/> Take pride in my work |
| <input type="checkbox"/> Just do enough to get by | <input type="checkbox"/> On time             | <input type="checkbox"/> Often late            |
| <input type="checkbox"/> A quitter                | <input type="checkbox"/> Rarely give up      |  |
- 

### Cooperation with others

- |   |  |  |
|---|--|--|
| <input type="checkbox"/> Cooperate well | <input type="checkbox"/> Cooperate fairly well | <input type="checkbox"/> Work best alone |
| <input type="checkbox"/> Stubborn       | <input type="checkbox"/> Cause friction        | <input type="checkbox"/> Excellent       |
- 

### Respect for Authority

- |  |   |   |
|--|---|---|
| <input type="checkbox"/> submissive to leadership    | <input type="checkbox"/> like to do my own thing          | <input type="checkbox"/> respect peer leadership              |
| <input type="checkbox"/> understand chain of command | <input type="checkbox"/> have difficulty being submissive | <input type="checkbox"/> have difficulty with peer leadership |

**Note: Summer staff, CLT and volunteers are required to assist or give leadership in several activities.**

Please check all activities in which you have an interest and/or ability. Please note this is not a sign up for summer camp activities, this only gives us an idea of your interests.

- |  |  |  |  |
|--|--|--|--|
| <input type="checkbox"/> Canoe/Kayaking    | <input type="checkbox"/> Archery                       | <input type="checkbox"/> Crafts          | <input type="checkbox"/> Drama / Acting        |
| <input type="checkbox"/> Swimming          | <input type="checkbox"/> Rock Climbing                 | <input type="checkbox"/> Wide Games      | <input type="checkbox"/> Worship Arts, specify |
| <input type="checkbox"/> Waterfront Sports | <input type="checkbox"/> Sport Orienteering / Survival | <input type="checkbox"/> Team Challenges | _____  |

**Please indicate your level of experience in the following areas if applicable:**

Music/worship and instrument(s) played: Instrument: \_\_\_\_\_ Level: Beginner  Int  Exp

First Aid: Babysitter Course  Basic First Aid (Level 1)  Other: \_\_\_\_\_

Lifeguard: Bronze Cross  NLS

Recreational leadership: \_\_\_\_\_

Other areas of experience: \_\_\_\_\_

\_\_\_\_\_

<p><b>Commitment and Pledge</b> (Please initial after each statement)</p>	
_____	I am willing to cheerfully cooperate with the directors and staff for the entire time I am at Camp Bob. I will try to explore to the maximum every opportunity available for personal and spiritual growth.
_____	I have read and am willing to comply with the Statement of Faith and Staff Code of Conduct and understand that failure to comply may mean early dismissal from the program..
_____	I am willing to perform ordinary tasks conscientiously and cheerfully.
_____	I am willing to go beyond the program requirements in order to benefit the camp program.
<p><b>By signing below, I acknowledge that I have answered these application questions honestly and will adhere to the guidelines and statements outlined in the CLT Manual which will be outlined at the start of the program.</b></p>	
<p>Signed: _____ Date: _____</p>	

The completion of this form is purely an application for CLT. After reference forms have been received and processed, you will hear from us in regards to your acceptance.

**References**

- A reference form is included in this application to give to your parents.
- Two additional reference forms are included with this application. It is your responsibility to give these to two adults who know you well (other than relatives) who will give reference to your character, abilities and spiritual growth. Please provide their names in the spaces below and be sure to include at least one Christian worker (Pastor, Youth Pastor, Youth Sponsor, etc.)

Relationship (i.e.) Pastor	Name	Phone Number

**CAMPFIRE MINISTRIES**  
**STAFF & CLT MEDICAL INFORMATION FORM 2012**

All information given on this form is confidential.

**Medical form must be completed before you may attend camp.**

Last Name: \_\_\_\_\_ First Name: \_\_\_\_\_

Male  Female  Age: \_\_\_\_ Date of Birth: d \_\_\_\_\_ m \_\_\_\_\_ y \_\_\_\_\_ Home phone: (\_\_\_\_) \_\_\_\_\_

Address: \_\_\_\_\_

Parent(s)/guardian(s) name: \_\_\_\_\_

Mom's work phone: (\_\_\_\_) \_\_\_\_\_ Dad's work phone: (\_\_\_\_) \_\_\_\_\_

Name of alternate who may be contacted in case of emergency: \_\_\_\_\_

Relationship: \_\_\_\_\_ Phone: (\_\_\_\_) \_\_\_\_\_ Care Card Number: \_\_\_\_\_

Have you been treated for any serious illness such as epilepsy, heart disease, diabetes, etc.? No  Yes  If yes, please give details: \_\_\_\_\_

Are your immunizations up to date? No  Yes  Never immunized

If no, what is needed? \_\_\_\_\_

Date of last tetanus immunization \_\_\_\_\_ / \_\_\_\_\_  
month year

Do you have any allergies / food allergies? No  Yes  If yes, please detail: \_\_\_\_\_

Explain reaction and indicate medication used (medication should be brought with you).  
\_\_\_\_\_

Do you carry an EpiPen? No  Yes

Do you suffer from asthma? No  Yes  mild  medium  severe

Please give detail: \_\_\_\_\_

Will you be taking prescription medication during your time at camp? No  Yes

If yes, please specify the name(s) of the medication(s) and the conditions(s) being treated:-  
\_\_\_\_\_

Have you ever undergone any operations or sustained any serious injuries? No  Yes

If yes, please provide details: \_\_\_\_\_

Do you have any limitations which would affect your camp experience? No  Yes

Please detail explaining how you deal with it and how you would like us to deal with it: \_\_\_\_\_

*We will always do everything possible to contact parents or guardians in case of accident or illness. It may be necessary to get immediate medical attention for you and it may not be possible to contact your parents prior to doing so. Your parent's signature on the following 'permission clause', will allow us to get immediate medical help should it be necessary.*

This section to be filled out by applicant or parent(s)/guardian(s) if applicant is under the age of 19.

I verify that the above medical information on myself or my child, \_\_\_\_\_, is complete and accurate. I also understand that reasonable measures will be taken to safeguard the health and safety of all participants and that parents will be notified as soon as possible in case of any emergency affecting their children. In the event that I cannot be reached in an emergency, I hereby authorize the calling of a physician to provide whatever emergency medical or surgical treatment is necessary.

Signed: \_\_\_\_\_ Date: \_\_\_\_\_

*Signature of Applicant or Parent or Guardian*

# CAMPFIRE MINISTRIES

## STATEMENT OF FAITH

*Please read this Statement of Faith carefully before completing the Commitment and Pledge.  
If you agree, sign the Commitment and Pledge. Do not include the Statement of Faith with your application.  
Keep this copy for your own reference.*

1. God is One in divine being, manifest in three persons - Father, Son and Holy Spirit
2. The Bible is God's Word, completely and fully inspired by the Holy Spirit; it is the only basis and adequate guide for Christian faith, life and service.
3. Jesus Christ is the Son of God; was born of a virgin lived a sinless life; died for the sins of the world; was raised from the dead; ascended into heaven; is now at the throne of God and will personally return to earth.
4. The person of the Holy Spirit, with His work of conviction, regeneration and sanctification, indwells every believer.
5. Man was created in God's image but, because of sin, is lost and destined for judgement.
6. A person is saved from his sin by believing in Jesus Christ and receiving Him as personal Saviour and Lord.
7. Loyalty to Jesus Christ takes priority over all other persons and organizations.
8. Our mission is to bring the good news of Jesus Christ to others.

# CAMPFIRE MINISTRIES STAFF CODE OF CONDUCT

*Please read this Code of Conduct carefully before completing the Commitment and Pledge.  
If you agree, sign the Commitment and Pledge. Do not include the Staff Code of Conduct with your application.  
Keep this copy for your own reference.*

## **INTRODUCTION**

As we work together to achieve the goals outlined in our Mission Statement there is a quality to which we aspire. There is also a standard of conduct that we encourage each other to maintain as missionaries of the gospel in our leadership role and in our relationship to each other. All employees of Campfire Ministries are expected to submit to the authority of the camp administration.

## **EXPECTED CONDUCT**

As a member of Campfire Ministries staff, you are expected to conduct yourself, both at work and away, in a manner which in no way embarrasses or discredits the work and ministry of Campfire Ministries. It is our goal that each staff member always be striving to live a life pleasing to Christ. As a result, immorality or willful resistance to Biblical standards for one's life will be grounds for dismissal. Just as the Scriptures provide the doctrinal context for our ministry, so too they furnish the ethical context for it.

## **CONDUCT WITH CAMPER AND STAFF**

Staff should always avoid situations with the children and youth which could in any way be misconstrued as being indiscreet. Staff should build relationships with children and teenagers of the same gender; likewise, private counseling situations with the opposite gender should be avoided. There is an increasing sensitivity about staff expressing concern, empathy or affection for youth in any physical way whatsoever, and there are an increasing number of cases where such affection has been misunderstood. Therefore, private counseling situations should be avoided where possible, and if deemed necessary, a third person (i.e. another staff) must be invited to sit in on a session.

## **PROHIBITED CONDUCT**

Working in areas of ministry places on us a great responsibility because we are accountable to a supporting Christian community for our behaviour both in our private and public life. There are times when we may feel this is unfair, but we are called upon to make extra sacrifices in exchange for the privilege of being called into ministry. We are not to focus on our personal freedoms, but rather on our responsibilities to the Lord, to others, and to the ministry.

### **Alcohol**

While working for Camp Bob, total abstinence from alcohol is required. Failure to comply is grounds for dismissal.

### **Smoking**

It is a Campfire Ministries policy that all staff abstain from smoking. Smoking will be grounds for dismissal.

### **Illegal Drugs**

Total abstinence while serving in the camp ministry is required and any use will result in immediate dismissal.

### **Avoiding the Appearance of Evil**

Single staff must not share living or over-night accommodations (i.e. rooms, tents) with others in a co-ed basis at any time or anywhere. Such behaviour will be grounds for dismissal. All staff should use discretion when relating to the opposite gender. Staff should not put themselves in questionable situations.

### **Appearance**

Campers and the public are taking cues from the roles that are portrayed at camp. Hence, we wish to avoid images which distracts rather than enhances our ministry. Discretion is required in conjunction with modest apparel.

### **Sexuality**

Campfire Ministries seeks to uphold the sanctity of marriage within a Biblical context. Any sexual activity morally suspect and/or damaging to the summer camp staff community, its purposes and its programs will result in disciplinary action which may or may not include dismissal. Sexual activity of any kind, including kissing and touching between an employee of Campfire Ministries and a camper is strictly prohibited. Such behavior will result in immediate dismissal.

### **Harassment / Abuse**

Campfire Ministries is committed to a policy of providing and maintaining a positive work environment, free of both sexual and general harassment and abuse. Accordingly, it has instituted a harassment / abuse policy which will be distributed to all employees and volunteers.

## **CONCLUSION**

While employed as staff you are expected to respect and comply with administration and their authority. Our policy is to deal redemptively with failure or sin in any of these areas. Where there is acknowledgement and repentance, every effort will be taken to be redemptive.

**CAMPFIRE MINISTRIES**  
**Campfire Leadership Training (CLT)**  
**Parent Reference Form**

Your son or daughter is applying to work / volunteer with Campfire Ministries at Camp Bob for the summer of 2012. Our CLT program is demanding both physically and spiritually, requiring giving of one's self sacrificially for the benefit of the campers and the program. Participants will work hard for extended periods of time and should have a willingness to serve, learn and try new things, as well as having a desire to grow spiritually. We would appreciate a confidential statement from you concerning your child's ability to undertake Christian Ministry and their potential as a Christian leader. If you would like to speak to me about your child, feel free to call me at 250-337-2188. **All responses are confidential.** Thank you for taking time to fill out this form.

**Les Klassen,** Executive Director **Campfire Ministries**

Name of Applicant: \_\_\_\_\_

Parent Name: \_\_\_\_\_ Phone: \_\_\_\_\_

Parent Address: \_\_\_\_\_

Describe your son/daughter's relationship with Jesus Christ. \_\_\_\_\_

\_\_\_\_\_

What do you consider your son/daughter's best attributes? \_\_\_\_\_

\_\_\_\_\_

Is there anything which you feel might reduce the effectiveness of him/her in our camping program, i.e. concerns about beliefs, attitudes or morals. \_\_\_\_\_

\_\_\_\_\_

Do you feel your son/daughter is responsible enough to have other children placed under their direct charge and influence of him/her for a week? \_\_\_\_\_

If no, please explain \_\_\_\_\_

\_\_\_\_\_

Do you recommend your child for service at camp? \_\_\_\_\_ Please explain: \_\_\_\_\_

\_\_\_\_\_

Do you consider your son / daughter to be a leader or a follower? \_\_\_\_\_

Describe your son / daughter's interaction with their siblings. \_\_\_\_\_

\_\_\_\_\_

Generally speaking, does your son / daughter respect you as their parent? \_\_\_\_\_

\_\_\_\_\_

Additional Comments: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Please circle the number that best describes your opinion of the applicant. Your responses will be kept confidential.

(5 - Superior, 4 - Very Good, 3 - Satisfactory, 2 - Below, 1 - Poor, X - no basis for observation)

1.	Respect and honouring of parents	5	4	3	2	1	x
2.	Attitude & respect towards authority	5	4	3	2	1	x
3.	Works hard without constant guidance	5	4	3	2	1	x
4.	Demonstrates initiative to do more than required	5	4	3	2	1	x
5.	Self confidence	5	4	3	2	1	x
6.	Ability to perform, execute, follow through on plans	5	4	3	2	1	x
7.	Promptness	5	4	3	2	1	x
8.	Works well with others / team player	5	4	3	2	1	x
9.	Ability to control temper / frustrations	5	4	3	2	1	x
10.	Leadership ability	5	4	3	2	1	x
11.	Healthy attitude toward opposite sex	5	4	3	2	1	x
12.	Emotional stability	5	4	3	2	1	x
13.	Well respected by others	5	4	3	2	1	x
14.	Home church involvement and attendance	5	4	3	2	1	x
15.	Concern for needs and feelings of others	5	4	3	2	1	x
16.	Displays servant attitude	5	4	3	2	1	x
17.	Sense of humour	5	4	3	2	1	x

Signature: \_\_\_\_\_ Position: \_\_\_\_\_ Date: \_\_\_\_\_

Please mail or fax this form directly to:

**Director, CAMPFIRE MINISTRIES**  
**7898 Island Highway, Black Creek, BC V9J 1G5**  
**Ph: 250-337-2188 / Fax: 250-337-5423**

**CAMPFIRE MINISTRIES**  
**Campfire Leadership Training (CLT)**  
**Confidential Reference #1**

The following applicant is applying to work / volunteer with Campfire Ministries at Camp Bob for the summer of 2012. Our CLT program is demanding both physically and spiritually, requiring giving of one's self sacrificially for the benefit of the campers and the program. Participants will work hard for extended periods of time and should have a willingness to serve, learn and try new things, as well as having a desire to grow spiritually. We would appreciate a confidential statement from you concerning the applicant's ability to undertake Christian Ministry and their potential as a Christian leader. If you would like to speak to me about this potential applicant, feel free to call me at 250-337-2188. **All responses are confidential.** Thank you for taking time to fill out this form.

**Les Klassen,** Executive Director **Campfire Ministries**

Name of Applicant: \_\_\_\_\_

Reference's Name: \_\_\_\_\_ Phone: \_\_\_\_\_

Reference's relationship to applicant: \_\_\_\_\_

Reference's Address: \_\_\_\_\_

How long have you know the applicant? \_\_\_\_\_ in what capacity? \_\_\_\_\_

Describe applicant's relationship with Jesus Christ. \_\_\_\_\_

\_\_\_\_\_

What special contribution do you feel the applicant will make to camp? \_\_\_\_\_

\_\_\_\_\_

Is there anything which you feel might reduce the effectiveness of him/her in our camping program, i.e. concerns about beliefs, attitudes or morals. \_\_\_\_\_

\_\_\_\_\_

Would you want your child placed under the direct charge and influence of him/her for a week? \_\_\_\_\_

\_\_\_\_\_

Do you recommend this applicant for service at camp? \_\_\_\_\_ Please explain: \_\_\_\_\_

\_\_\_\_\_

Additional Comments: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Please circle the number that best describes your opinion of the applicant. Your responses will be kept confidential.

(5 - Superior, 4 - Very Good, 3 - Satisfactory, 2 - Below, 1 - Poor, X - no basis for observation)

1.	Respect and honouring of parents	5	4	3	2	1	x
2.	Attitude & respect towards authority	5	4	3	2	1	x
3.	Works hard without constant guidance	5	4	3	2	1	x
4.	Demonstrates initiative to do more than required	5	4	3	2	1	x
5.	Self confidence	5	4	3	2	1	x
6.	Ability to perform, execute, follow through on plans	5	4	3	2	1	x
7.	Promptness	5	4	3	2	1	x
8.	Works well with others / team player	5	4	3	2	1	x
9.	Ability to control temper / frustrations	5	4	3	2	1	x
10.	Leadership ability	5	4	3	2	1	x
11.	Healthy attitude toward opposite sex	5	4	3	2	1	x
12.	Emotional stability	5	4	3	2	1	x
13.	Well respected by others	5	4	3	2	1	x
14.	Home church involvement and attendance	5	4	3	2	1	x
15.	Concern for needs and feelings of others	5	4	3	2	1	x
16.	Displays servant attitude	5	4	3	2	1	x
17.	Sense of humour	5	4	3	2	1	x

Signature: \_\_\_\_\_ Position: \_\_\_\_\_ Date: \_\_\_\_\_

Please mail or fax this form directly to:

**Director, CAMPFIRE MINISTRIES**  
**7898 Island Highway, Black Creek, BC V9J 1G5**  
**Ph: 250-337-2188 / Fax: 250-337-5423**

**CAMPFIRE MINISTRIES**  
**Campfire Leadership Training (CLT)**  
**Confidential Reference #2**

The following applicant is applying to work / volunteer with Campfire Ministries at Camp Bob for the summer of 2012. Our CLT program is demanding both physically and spiritually, requiring giving of one's self sacrificially for the benefit of the campers and the program. Participants will work hard for extended periods of time and should have a willingness to serve, learn and try new things; as well as having a desire to grow spiritually. We would appreciate a confidential statement from you concerning the applicant's ability to undertake Christian Ministry and their potential as a Christian leader. If you would like to speak to me about this potential applicant, feel free to call me at 250-337-2188. **All responses are confidential.** Thank you for taking time to fill out this form.

**Les Klassen,** Executive Director **Campfire Ministries**

Name of Applicant: \_\_\_\_\_

Reference's Name: \_\_\_\_\_ Phone: \_\_\_\_\_

Reference's relationship to applicant: \_\_\_\_\_

Reference's Address: \_\_\_\_\_

How long have you know the applicant? \_\_\_\_\_ in what capacity? \_\_\_\_\_

Describe applicant's relationship with Jesus Christ. \_\_\_\_\_

What special contribution do you feel the applicant will make to camp? \_\_\_\_\_

Is there anything which you feel might reduce the effectiveness of him/her in our camping program, i.e. concerns about beliefs, attitudes or morals. \_\_\_\_\_

Would you want your child placed under the direct charge and influence of him/her for a week? \_\_\_\_\_

Do you recommend this applicant for service at camp? \_\_\_\_\_ Please explain: \_\_\_\_\_

Additional Comments: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Please circle the number that best describes your opinion of the applicant. Your responses will be kept confidential.

(5 - Superior, 4 - Very Good, 3 - Satisfactory, 2 - Below, 1 - Poor, X - no basis for observation)

1.	Respect and honouring of parents	5	4	3	2	1	x
2.	Attitude & respect towards authority	5	4	3	2	1	x
3.	Works hard without constant guidance	5	4	3	2	1	x
4.	Demonstrates initiative to do more than required	5	4	3	2	1	x
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6.	Ability to perform, execute, follow through on plans	5	4	3	2	1	x
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15.	Concern for needs and feelings of others	5	4	3	2	1	x
16.	Displays servant attitude	5	4	3	2	1	x
17.	Sense of humour	5	4	3	2	1	x

Signature: \_\_\_\_\_ Position: \_\_\_\_\_ Date: \_\_\_\_\_

Please mail or fax this form directly to:

**Director, CAMPFIRE MINISTRIES**  
**7898 Island Highway, Black Creek, BC V9J 1G5**  
**Ph: 250-337-2188 / Fax: 250-337-5423**