

CAMP GRACE

Confidential Recommendation Form



TO BE COMPLETED BY APPLICANT:

Name of Applicant: _____
Last name First name Middle name

TO BE COMPLETED BY REFERENCE:

The Camp Grace director would appreciate a **confidential statement** from you concerning the applicant named above, evaluating his/her ability to undertake Christian ministry and his/her potential as a Christian leader. Please complete and return to the address on the back.

	Superior	Above Average	Average	Below Average	Don't Know	Comments
Kindness						
Self-discipline						
Patience						
Perseverance						
Humility						
Plans ahead						
Desire to serve God						
Spiritual influence on others						
Spiritual maturity						
Theological insight						
Completes assigned tasks						
Ability to lead						
Willingness to follow						
Ability to lead and follow as needed						
Punctuality						
Willingness to oppose injustice						
Works well with others						

1. What are the applicant's greatest strengths? (Be as specific as possible) _____

2. Have you any reason for lack of confidence in this applicant? _____

Please indicate whether your recommendation is given:

___ Strongly ___ Fairly strong ___ Not strong

OTHER REMARKS

Signature

Address

Name

Position

e-mail address

Date

CONFIDENTIAL ~ Do NOT return to applicant.

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