

The Salvation Army - Maritime Division
Scotian Glen Camp
CORPS OFFICER OR CLERGY REFERENCE
 (If parents are Corps Officers, have local Officer complete the form)

How long have you known the applicant? _____

How well do you know the applicant? _____

Please comment on the following:

SPIRITUAL QUALITIES

- a) Does the applicant make a profession of faith? Yes No
- b) Is his/her life consistent with the profession? Yes No
- c) Does the applicant attend church functions regularly? Yes No
- d) Will the applicant make a valuable contribution? Yes No
- e) Does the applicant participate in any church programs? If so, in what capacity? _____

Other Comments: _____

PERSONAL CONCERNS

- a) Has the applicant had any physical disabilities that would directly affect participation in a regular active camp program? Yes No
 If yes please explain _____

- b) Does the applicant display any emotional problems that would directly affect participation in a regular camp program? Yes No
 If yes, please explain _____

- c) Does the applicant have any hygiene problems that would prevent him/her from working in a sanitary environment (i.e. kitchen)? Yes No
- d) Does the applicant display any other personal problems that would disqualify him/her from employment at the camp? Yes No
 If yes, please explain. _____

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GENERAL QUALITIES (Please checkmark)

	<u>Above Average</u>	<u>Average</u>	<u>Fair</u>	<u>Poor</u>
Leadership Ability	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Ability to assume responsibility	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Ability to get along with others	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Willingness to Cooperate	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Ability to work with children	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Capacity for Development	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

1. Do you know of any reason why this person would not be an effective camp member? Yes No

Please comment _____

2. Is the applicant the kind of person with whom you would entrust your children? Yes No

Please comment _____

3. Is there any further information which would assist us in the consideration of this applicant? Yes No
 Please comment _____

(Please attach a separate sheet of paper if additional space is needed)

Name _____ Occupation _____
 Address _____ City _____
 Province _____ Postal Code _____
 Telephone: Home (____) _____ Work (____) _____ Cell (____) _____
 E--mail Address: _____
 SIGNATURE _____ DATE _____

**Thank you for your assistance in completing this form.
 Please email completed forms, under Private & Confidential cover, directly to:**

wanda_vincent@can.salvationarmy.org