

P.O. Box 86 • Polkville, North Carolina 28136 • 828/245-6681 or 704/482-3456

REFERENCE RESPONSE INFORMATION

To:	
Address:	
From: HARVEST TIME BIBLE CAMP	
Subject:	
The individual named above has expressed an interest in working with children or you candidate has listed you as a reference. In order for our organization to properly evalu worker candidate, we are asking you to complete this form with your honest opinions candidate.	ate the qualifications of this
Please return the completed form to our organization in the enclosed envelope. Thank	you for your assistance.
How long have you known the ministry worker candidate?	
2. In what capacity have you come to know this individual? (i.e. coworker, neighbor etc.)	-
 In your opinion, is the above worker candidate fully qualified to work with childre — Yes No. (If no, please explain). 	n and youth?
4. What concerns, if any, would you have in allowing this individual to work with cl	nildren or youth?
5. Are you aware of anything in the candidate's background, personality, or behavior threat to children or youth? Yes No. If yes, please explain.	r that could in any way pose a
Additional comments or explanations:	
The above information is true and correct to the best of my knowledge.	
Signature:	Date:
Please return this form at your earliest convenience to:	
Harvest Time Bible Camp, 806 North Post Road, Shelby, NC 28150	
Thank you,	
Harvest Time Rible Camp	