



24075 E Arrah Wanna Blvd.
Welches, OR 97067
info@camparrahwanna.org
Phone: (503) 622-3189
Fax: (503) 622-1229

Office Use Only	
Date Rcvd:	_____
BC Date:	_____
yr 1	_____
yr 2	_____
yr 3	_____

PERSONAL Reference for CAW Volunteer

This form should be completed and submitted to CAW directly from person providing the reference.

Name of Applicant: _____

Name of Reference: _____

1. How long have you known the applicant and in what capacity? _____

2. Does the applicant show maturity and consideration for others in their daily decision-making? _____

Please explain: _____

3. How do you see the applicant's faith played out in their daily life? _____

4. What healthy activities has the applicant been involved in during the past year? _____

5. Would you want your child placed under the direct charge and influence of this individual for a good percentage of the day? _____ Explain: _____

6. Are there any tendencies or traits which you feel might reduce the effectiveness of the applicant in our volunteer program? _____ Explain: _____

7. Would you recommend the applicant for a volunteer position at Arrah Wanna? _____

Please explain why: _____

8. Does the applicants personal/professional life reflect biblical values and integrity? _____

In what ways? _____

9. Any additional comments that would help us in evaluating the applicant? _____

Please rank the applicant in the following areas:

	Poor	Fair	Good	Excellent	Unsure
1. Working with peers:	1	2	3	4	0
2. Leading younger youth:	1	2	3	4	0
3. Reliability:	1	2	3	4	0
4. Leadership Ability:	1	2	3	4	0
5. Adaptability:	1	2	3	4	0
6. Positive Attitude:	1	2	3	4	0
7. Judgment:	1	2	3	4	0
8. Enthusiasm	1	2	3	4	0
9. Work Ethic/Commitment:	1	2	3	4	0
10. Self Discipline:	1	2	3	4	0

Signature: _____ Date: _____
Print Name: _____
Address: _____
Phone: _____
Can we call with further questions? _____
Email: _____

You can submit this form ...

Online by: www.camparrahwanna.org/staff---volunteers.html

Email: Info@camparrahwanna.org

Snail Mail: Camp Arrah Wanna - Reference
24075 E Arrah Wanna Blvd.
Welches, OR 97067



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yr 3	_____

PASTORAL Reference for CAW Volunteer

This form should be completed and submitted to CAW directly from person providing the reference.

Name of Applicant: _____

Name of Reference: _____ Title: _____

1. How long have you known the applicant and in what capacity? _____

2. Does the applicant show maturity and consideration for others in their daily decision-making? _____

Please explain: _____

3. How do you see the applicant's faith played out in their daily life? _____

4. In what areas of leadership do you think the applicant would thrive in? _____

5. Would you want your child placed under the direct charge and influence of this individual for a good percentage of the day? _____ Explain: _____

6. Are there any tendencies or traits which you feel might reduce the effectiveness of the applicant in our camping program? _____ Explain: _____

7. Would you recommend the applicant for a volunteer position at Camp Arrah Wanna? _____

Please Explain: _____

8. Does the applicants personal/professional life reflect biblical values & integrity? _____

9. Is the applicant involved in any activities that you would consider inappropriate or unhealthy? _____

If yes, please explain: _____

10. Do you know of any illegal situations involving the applicant that would effect their role at AW? _____
If yes, please explain: _____

11. Any additional comments that would help us in evaluating the applicant? _____

Please rank the applicant in the following areas:

	Poor	Fair	Good	Excellent	Unsure
1. Working with peers:	1	2	3	4	0
2. Leading youth:	1	2	3	4	0
3. Reliability:	1	2	3	4	0
4. Leadership Ability:	1	2	3	4	0
5. Adaptability:	1	2	3	4	0
6. Positive Attitude:	1	2	3	4	0
7. Judgment:	1	2	3	4	0
8. Enthusiasm	1	2	3	4	0
9. Work Ethic/Commitment:	1	2	3	4	0
10. Self Discipline:	1	2	3	4	0

Signature: _____ Date: _____

Print Name: _____

Address: _____

Phone: _____

Can we call with further questions? _____

Email: _____

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