



**SUMMER STAFF REFERENCE FORM (CONFIDENTIAL)**

PERSON COMPLETING THIS FORM IS A:

- Spiritual Leader
- Teacher
- Employer

***Authorization to release information about the summer staff applicant:*** I authorize all previous employers, supervisors, and other associates listed on this application, including all persons with and for whom I have worked, to give Tilikum’s representatives any and all information regarding me and my previous employment or involvement. I release Tilikum and all previous employers and supervisors from liability for any damages that may result from furnishing this information.

Applicant’s Name (printed) \_\_\_\_\_ Signature \_\_\_\_\_

***Reference Instructions:*** The above applicant is interested in working as a summer staff member at Tilikum. He/She will be in a leadership role with church counselors, junior counselors, youth and/or grade school children. Please consider this information when filling out this form. Use back of form for additional comments, if desired. Thank you for your helpful consideration.

Name: \_\_\_\_\_ Title/Position: \_\_\_\_\_

Organization: \_\_\_\_\_

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

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Phone: \_\_\_\_\_ Email: \_\_\_\_\_

How long have you known the applicant? \_\_\_\_\_

What is your relationship with him/her? \_\_\_\_\_

Briefly describe the applicant’s strengths: \_\_\_\_\_

**Comment briefly on each of the following qualities and skills. Leave a blank if you have not observed a specific quality.**

Spiritual Growth: \_\_\_\_\_

Work Ethic: \_\_\_\_\_

Organizational Skills: \_\_\_\_\_

Leadership ability with children/youth: \_\_\_\_\_

Emotional maturity: \_\_\_\_\_

Are there any areas of concern or specific weakness which you feel might reduce the effectiveness of the applicant for this position?

YES  No If Yes, please explain: \_\_\_\_\_

Would you have any hesitation leaving any child under the direct charge, influence, and care of this individual?

YES  No If Yes, please explain: \_\_\_\_\_

Signature of Reference \_\_\_\_\_ Date \_\_\_\_\_

**RETURN COMPLETED REFERENCE FORM BY FEBRUARY 29, 2012 TO:**

**Tilikum, Attn: Program Department, 15321 NE North Valley Road, Newberg, OR 97132**

**Phone: (503) 538-2763 Fax: (503) 538-7536 Email: tilikum@georgefox.edu**