

1041 East Lakeview Road, Chestermere, AB T1X 1B1 Ph# (403) 272-6030 Fax# (403) 272-7869 Email: CLTD@campchestermere.com

CLTD Reference Form 2021

and not the (form. New CL members as t	e camp office using the information at the CLTD applicant. Only CLTD APPLICAN TD applicants may use one Camp Chest	thin this box, please give this form to your desired reference. They may e-mail or mail to bottom of this form. References are to be confidential and returned to the camp NTS THAT ARE NEW TO THE PROGRAM are required to submit a CLTD Reference termere staff member reference if desired (no CLTD leaders) but should not use family D YEAR and THIRD YEAR applicants do not require a reference form be filled out and rattending the CLTD program.
All references	should be over the age of 18 and have kn	own the applicant for at least a year.
Applicant's Na	ame (Please print):	Program applying for: 1st Year 2nd Year 3rd Year
"I hereby agre	e that references given as part of this app	lication procedure are confidential and I waive the right to access this information."
	Applicant's Signature	
		soon as possible. Without this reference we will be unable to process the applicant's n this reference will be held in confidence. Thank you for your time! Organization:
Reference info		n this reference will be held in confidence. Thank you for your time!
Name:	ormation:	n this reference will be held in confidence. Thank you for your time! Organization:
Name: Email: Experience with	th the Applicant	n this reference will be held in confidence. Thank you for your time! Organization:
Name: Email: Experience with the state of	th the Applicant	n this reference will be held in confidence. Thank you for your time! Organization: Phone Number:

Strengths and Weaknesses				
What strengths would the applicant bring to this program (e.g.; skills, talents, personality, leadership, etc.)?				
To your knowledge does the applicant use: Tobacco? Alcohol? Drugs?				
What characteristics of the applicant do you feel could use further work or development?				
Describe any concerns you may have about their lifestyle, attitude, or morals.				
Would you say that the applicant's friendships have a positive or less than positive influence on the applicant? Please explain:				
Is the applicant receptive to instruction? Yes No				
Comments:				
Recommendation				
Would you recommend this applicant for our Christian Leadership Training and Discipleship program?				
 ☐ Highly recommend ☐ Recommend, but with these reservations/comments ☐ Not able to recommend at this time 				
Comments and/or reservations:				

Personal Evaluation

For each of the following characteristics, please check all the boxes that best describes the applicant:

Attributes Patience: Usually patient Ability to pace oneself:

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		Consistently patient			Soon Exhausted	
		"Patience of a Saint"			Aware of limits	
		No observation			Well able to adjust	
Self-Control:			Use of time:		•	
		Undisciplined			Tends to procrastinate	
		Usually disciplined			Diligent	
		Very self-disciplined			Purpose Driven	
		No observation			'	
Additional Co	mme	ents:				
Personality.	Cha	racter and Health				
Responsibility			Emotional sta	bilitv:		
	,	Starts but does not finish tasks			Over-responds	
		Does only what is assigned			Usually well-adjusted	
		Meets average expectations			Very well-balanced	
		Shows initiative			,	
		Works well without supervision				
		·	Support of Po	licies	:	
ntegrity:					Might ignore some rules	
• •		Occasionally suspect			Respectful	
		Consistent morals			Applies assigned policies	
		High morals and values				
A 1.111 1 O .						
Additional Co	mme	ents:				
Leadership a	and F	Relationships				
		-				
_eadership:		Follower				

Initiative:

Follower Seldom takes the lead Has leadership potential	Constructive Criticism:
Recognized leader	□ Open to correction□ Highly responsive
Needs prodding	Response to authority:

□ Rebellious/critical of authority Leads when asked □ Compliant/generally respectful Initiates frequently Willing and ready/reliably supportive

Team Player:				Can be uncooperative
	□ Pre	fers to work alone		Generally cooperative
	□ Ass	set to the team		Works well with others
	□ Gre	eat team player		
			Conflict Resolution	n:
Compassion &	& empath	<i>y</i> :		May leave issues unresolved
	□ Ma	y lack sensitivity		Seeks reconciliation
	□ Ser	nsitive to others/non judgmental		Takes initiative to be reconciled
	□ Act	ive love and concern		
Additional Con	mments:			
Would you be	willing to	do a potential later follow up phone ca	all from a CLTD leader about this	applicant? YES NO
Signature:			Date:	
Thank you for	taking th	e time to answer the above guestions	and for giving us any feedback tha	at will be helpful in leading the applicant and
•	-	ility for the program.	0 0 7	, , ,
Please return t	this form	to Camp Chestermere by using any of	the following methods:	
i icase retuiii i	u 113 101111	to camp onestermere by using any or	the following methods.	
Email:			Mail:	
CLTD@campo	chesterm	ere.com	1041 East Lakeview Roa	d, Chestermere, AB T1X 1B1

Cooperativeness: