

SHIFT Counselor Reference Questionnaire

(Need one references per counselor –from your Pastor)

Name of Counselor: _____

Name of Reference: _____

How are you acquainted with and how long have you known the applicant? _____

Describe your observation of the applicant working with children? _____

Would you have any reservations leaving your child with this person? If so explain: _____

Do you see any problems using the applicant to work with the children at Children's Camp? If so explain: _____

What gifts or abilities does the applicant have that will make them a good counselor? _____

Signature: _____

Date: _____