



The Salvation Army – Camp Arnold
 33712 Webster Road East
 Eatonville, WA 98328
 Voice (877) 613-5461
 Fax (253) 847-2910
 www.tsacamparnold.org

RECOMMENDATION FORM

This form is to be completed by a **Corps Officer, Pastor, or Youth Pastor.**

I, _____, am applying for a position at Camp Arnold. Your frank appraisal will assist the Director in evaluating my qualifications and abilities. When you have completed the form, please mail or fax to the address/phone number above. Thank you for your immediate help with this.

 (Signature of Applicant)

GENERAL IMPRESSION (Check what you believe to be applicable)	Excellent	Above Average	Average	Below Average	Poor	No Information	SPECIFIC QUALITIES (Circle what you believe to be applicable)
Spiritual influence	_____	_____	_____	_____	_____	_____	Positive, passive, negative
Spiritual commitment	_____	_____	_____	_____	_____	_____	Dedicated, growing, searching, uncommitted
Attitude toward church	_____	_____	_____	_____	_____	_____	Active support, passive, rarely attends
Judgment	_____	_____	_____	_____	_____	_____	Mature, adequate, inconsistent
Leadership Potential	_____	_____	_____	_____	_____	_____	Natural, latent, follower
Initiative and Resourcefulness	_____	_____	_____	_____	_____	_____	Confident, imaginative, persevering, easily discouraged, lazy
Intelligence	_____	_____	_____	_____	_____	_____	Quick, average, slow to grasp material
Personality	_____	_____	_____	_____	_____	_____	Extroverted, well-balanced, introverted, egocentric, unselfish, easily offended, self-confident, accepts criticism
Adaptability	_____	_____	_____	_____	_____	_____	Flexible, open-minded, prejudiced, rigid, tactful, outspoken, blunt
Appearance	_____	_____	_____	_____	_____	_____	Well-groomed, relatively neat, careless, slovenly
Emotional stability	_____	_____	_____	_____	_____	_____	Stable, self-controlled, easily disturbed, unstable

Do you recommend this applicant for our summer staff? Yes No

Please comment on the character of this applicant: _____

How long have you known the applicant? _____ In what capacity? _____

Please give any further information that would be helpful to the director in appraising the applicant (use back of sheet or additional sheet).

Name: _____ E-Mail: _____

Address: _____

City: _____ State: _____ Zip Code: _____ Phone: _____

Signature: _____ Date: _____