

# Ewalu Bible Camp

## Leadership Training Reference Information

Please return completed form to:

**Attn: Jesse Klosterboer  
Ewalu Bible Camp  
37776 Alpha Avenue  
Strawberry Point, IA 52076**

Phone: 563-933-4700 Email: [community@ewalu.org](mailto:community@ewalu.org)

The person listed below is requesting that you evaluate his or her suitability to be a participant in our Leadership Training Program. This form will be used with confidentiality and only by people involved in the selection process.

Name of Applicant: \_\_\_\_\_

Name of person submitting Reference: \_\_\_\_\_

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

City, State, Zip: \_\_\_\_\_

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

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

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

What is your relationship to the applicant? \_\_\_\_\_

Please rank the applicant in the following areas using the scale below:

0	1	2	3	4	5
Unable to Evaluate	Very Low	Low	Okay / Average	High	Extraordinary

\_\_\_ Maturity

\_\_\_ Involvement in congregation

\_\_\_ Responsibility

\_\_\_ Leadership ability

\_\_\_ Personable

\_\_\_ Leadership experience

\_\_\_ Personal faith

\_\_\_ Flexible; able to adapt to new situations

\_\_\_ Openness to critique

\_\_\_ Experience working with children/youth

\_\_\_ Relates well with peers his/her age

\_\_\_ Able to work as a part of a team

**Please share your insights regarding the applicant in the following areas. If you are unable to respond in a given area, please note.**

1. What do you see as the applicant's greatest gifts?
2. Share what you can about the applicant's experience and ability to work with children, youth and adults.
3. Would you be willing to have your own children under the applicant's supervision for a week in a camp situation? If not, why?
4. Is the applicant able to share his or her faith with others through devotions, worship and Bible study?
5. What concerns do you have about the applicant's ability to serve as a member of the Ewalu Leadership Training Program?
6. To your knowledge, does the applicant have any tendencies toward child or sexual abuse?
7. Your overall evaluation of the applicant and his/her suitability for this position:

Other comments:

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

*Thank you for your time!*