

**LUTHERAN RETREATS, CAMPS and CONFERENCES (LRCC)
CONFIDENTIAL REFERENCE QUESTIONNAIRE**

The person named below has applied for the Staff in Training Program with Lutheran Retreats, Camps and Conferences. Your name has been given as a reference for this applicant. Please give thoughtful consideration in rating the qualities of the applicant. Your opinion will be helpful in providing information on the applicant's character and qualifications and will be kept in strict confidence.

TO BE COMPLETED BY APPLICANT

Printed Name of Applicant: _____ Position Applied For: STAFF IN TRAINING

Printed Name of Reference: _____

Position/Title/Relationship to Applicant: _____

Address: _____ City: _____ State: _____ Zip: _____

Phone: (____) _____ E-mail Address: _____

I hereby authorize the above request for information, and release all parties from liability for any damage that may result from furnishing this information.

Signed: _____ Date: _____

TO BE COMPLETED BY REFERENCE

How long and in what capacity have you known the applicant?

Please rate the following: 1 = Outstanding; 2 = Very Good; 3 = Average; 4 = Below Average, 5 = Poor, NA = Not Applicable/Don't Know

- | | |
|--|--|
| <input type="checkbox"/> Reliability | <input type="checkbox"/> Small Group Leadership |
| <input type="checkbox"/> Honesty/Integrity | <input type="checkbox"/> Large Group Leadership |
| <input type="checkbox"/> Enthusiasm | <input type="checkbox"/> Ability to Work with Peers |
| <input type="checkbox"/> Creativity | <input type="checkbox"/> Ability to Work with Children |
| <input type="checkbox"/> Attention to Detail | <input type="checkbox"/> Ability to Work with Adults |
| <input type="checkbox"/> Ability to Work Under Stress | <input type="checkbox"/> Ability to Express Thoughts & Ideas |
| <input type="checkbox"/> Ability to Work with Little Supervision | <input type="checkbox"/> Ability to Express His/Her Faith |
| <input type="checkbox"/> Overall Work Performance | <input type="checkbox"/> Ability to Deal with Conflict Effectively |

Does the applicant, to your knowledge, use alcohol to excess or use drugs? Yes No

Are you aware of any reason why this person should not have children under their independent care in an extended residential situation? Yes No If yes, please explain:

Statement of Reference: Please write a short statement of reference for the applicant in the space below and sign the bottom of this form. Thank you for your time.

Signed: _____ Date: _____

RETURN THIS APPLICATION TO:

El Camino Pines

Lauri Egertson

11900 Frontier Rd.

Frazier Park, CA 93225

Phone: (661) 245-3519 Fax: (661) 245-2047 Email: Lauri@LRCCHome.com

**LUTHERAN RETREATS, CAMPS and CONFERENCES
IS AN EQUAL OPPORTUNITY EMPLOYER**