



BETHEL HORIZONS REFERENCE FORM

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APPLICANT INFORMATION

(Please complete this section before giving to your reference with an addressed and stamped envelope)

Applicant's _____ Name _____

Phone _____ - _____ - _____ E-mail _____ Position applied for _____

REFERENCE INFORMATION

Reference Name _____ Phone Number _____ - _____ - _____

Reference Position or Title _____ E-mail _____

How long have you known this person? _____ In what capacity? _____

PLEASE RATE (1-unacceptable, 2-needs improvement, 3-average, 4-good, 5-outstanding, n/a-not applicable):

Dependability	1	2	3	4	5	n/a
Personal integrity and honesty	1	2	3	4	5	n/a
Enthusiasm	1	2	3	4	5	n/a
Emotional maturity	1	2	3	4	5	n/a
Spiritual maturity	1	2	3	4	5	n/a
Relationship with peers	1	2	3	4	5	n/a
Relationship with authority figures	1	2	3	4	5	n/a

ADDITIONAL QUESTIONS (Please feel free to use the back of this page or attach an additional page)

Describe how the applicant works with others _____

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Describe the personality of the applicant _____

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Describe the leadership ability of the applicant _____

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Would you be willing to have your child in the applicant's care for a week? Yes _____ No _____ Additional Comments _____

Thank you for your assistance and insights. If you have any questions or wish to make further comments, please feel free to contact Lindsey Scheid, Program Director at lindsey@bethelhorizons.org or 608.574.3993

Signature _____

Date _____