



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 an **Employer, Teacher, or Family Friend.**

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 Dedicated, growing, searching, uncommitted Active support, passive, rarely attends Mature, adequate, inconsistent Natural, latent, follower Confident, imaginative, persevering, easily discouraged, lazy Quick, average, slow to grasp material Extroverted, well-balanced, introverted, egocentric, unselfish, easily offended, self-confident, accepts criticism Flexible, open-minded, prejudiced, rigid, tactful, outspoken, blunt Well-groomed, relatively neat, careless, slovenly Stable, self-controlled, easily disturbed, unstable
Spiritual commitment	_____	_____	_____	_____	_____	_____	
Attitude toward church	_____	_____	_____	_____	_____	_____	
Judgment	_____	_____	_____	_____	_____	_____	
Leadership Potential	_____	_____	_____	_____	_____	_____	
Initiative and Resourcefulness	_____	_____	_____	_____	_____	_____	
Intelligence	_____	_____	_____	_____	_____	_____	
Personality	_____	_____	_____	_____	_____	_____	
Adaptability	_____	_____	_____	_____	_____	_____	
Appearance	_____	_____	_____	_____	_____	_____	
Emotional stability	_____	_____	_____	_____	_____	_____	

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: _____