

# KIDS CAMP 2019 PARENT'S REFERENCE

For volunteers under 18



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

To your knowledge, does this applicant use tobacco, alcohol or other drugs?  Yes  No

Can you vouch for the moral integrity of this applicant?  Yes  No

Is the applicant spiritually mature enough to pray with kids for the in-filling of the Holy Spirit?  Yes  No

Rate the applicant's qualification and maturity level for each aspect of personality by placing an "X" in the appropriate box. **4 is the most qualified.** In the space to the right, please include any related comments.

Aspect of Personality	1	2	3	4	Comments
Physical					
Emotional					
Social					
Spiritual Maturity					
Attitudes					
Habits					
Skills					

Special skills/abilities: \_\_\_\_\_

Limitations/Weaknesses we should be aware of: \_\_\_\_\_

Would you leave your other children alone with this child?  Yes  No

**I am personally acquainted with the applicant and in my opinion declare that he/she is competent and qualified to work with minors. I have no knowledge of facts or allegations that raise any question concerning his/her suitability and trustworthiness for working with minors.**

**-OR-**

**Based on my knowledge of the applicant I do NOT recommend him/her for Kids Camp 2019.**

Parent's Signature \_\_\_\_\_ Dated \_\_\_\_\_

Parent's Name (Printed) \_\_\_\_\_

Address \_\_\_\_\_ Phone \_\_\_\_\_

Comments \_\_\_\_\_

Parents – Please complete the form, sign, scan or take a picture, and e-mail this form to: [Ecorbett@mnaog.org](mailto:Ecorbett@mnaog.org)

# KIDS CAMP 2019 TEACHER/COACH REFERENCE

This could be any adult not related to you, i.e. a neighbor, someone you babysit for, etc.  
For volunteers under 18



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

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

In what capacity do you know this applicant? \_\_\_\_\_

To your knowledge does this applicant use tobacco, alcohol or other drugs?  Yes  No

Can you vouch for the moral integrity of this applicant?  Yes  No

Rate the applicant's qualification and maturity level for each aspect of personality by placing an "X" in the appropriate box. **4 is the most qualified.** In the space to the right, please include any related comments.

Aspect of Personality	1	2	3	4	Comments
Physical					
Emotional					
Social					
Spiritual Maturity					
Attitudes					
Habits					
Skills					

Special skills/abilities: \_\_\_\_\_

Limitations/Weaknesses we should be aware of: \_\_\_\_\_

Would you leave your own children alone with this student?  Yes  No

**I am personally acquainted with the applicant and in my opinion declare he/she is competent and qualified to work with minors. I have no knowledge of facts or allegations that raise any question concerning his/her suitability and trustworthiness for working with minors.**

**-OR-**

**Based on my knowledge of the applicant I do NOT recommend him/her for Kids Camp 2019.**

Teacher/Coach's Signature \_\_\_\_\_ Dated \_\_\_\_\_

Name (Printed) \_\_\_\_\_

Address \_\_\_\_\_ Phone \_\_\_\_\_

Comments \_\_\_\_\_

Teacher/Coach – Please complete the form, sign, scan or take a picture, and e-mail this form to:

**Ecorbett@mnaog.org**