



**LAKE LOUISE**  
CAMP & RETREAT CENTER

## REFERENCE FORM

*Please review and complete.*

*Mail or fax completed forms to address/fax number below.*

**A sanctuary empowering personal growth, faith, and knowledge within community.**

References are required for applicants to certify their work with children, youth, and/or vulnerable persons. The information you share will be held in strict confidence.

Lake Louise volunteer applicant's name \_\_\_\_\_

Reference's name \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_

State \_\_\_\_\_

Zip \_\_\_\_\_

Phone \_\_\_\_\_

Email \_\_\_\_\_

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

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

How well do you know the applicant? \_\_\_\_\_

On a scale of 1 to 5 with 5 being exceptionally well-balanced, please rate the applicant's emotional stability

1

2

3

4

5

Please describe the character of the applicant \_\_\_\_\_

Please describe the applicant's ability to relate to and work with children, youth, and/or vulnerable persons.

Please describe the applicant's leadership abilities.

Do you know of any history or characteristics that would negatively affect the applicant's ability to work with children, youth, or vulnerable persons?

Do you have any knowledge that the applicant has ever been convicted of a crime? If so, please describe.

Signature \_\_\_\_\_

Date \_\_\_\_\_