



The Scott Mission Youth City Programs  
1550 O'Connor Dr., Toronto, ON, M4B 2V3  
(416) 923-8872 ext 521  
www.scottmissioncamp.com

*Scott Mission*

*Youth City Summer Programs 2015*

*Employment/Teacher Reference Form*

**Applicant Information (to be filled out by applicant):**

Applicant's Name: \_\_\_\_\_ M / F

Applicant's E-mail: \_\_\_\_\_

**Reference Information:**

Name of Reference: \_\_\_\_\_

Relationship:  Employer  Professor  Teacher  Other: \_\_\_\_\_

E-mail: \_\_\_\_\_

Daytime Phone: \_\_\_\_\_ Other Phone: \_\_\_\_\_

**Reference Questions (to be filled out by the reference):**

The person named above has applied for a staff position at the Scott Mission Youth City Summer Program and has selected you as a reference. **If hired, the applicant will be working in direct contact with children and youth in a challenging, fast-paced Christian environment.** We would greatly appreciate your honest and complete evaluation of the applicant. Thank you for your assistance.

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

In what capacity: \_\_\_\_\_

**Personal Evaluation:**

Please fill in the box with the numbered scale that best describes the applicant in the following areas:  
5 – the best I've seen, 4 – high, 3 – good, 2 – moderate, 1 – low, 0 – no opportunity to observe

- |  |   |   |
|--|---|---|
| <input type="checkbox"/> initiative    | <input type="checkbox"/> consideration of others        | <input type="checkbox"/> responsibility               |
| <input type="checkbox"/> enthusiasm    | <input type="checkbox"/> ability to resolve conflict    | <input type="checkbox"/> leadership                   |
| <input type="checkbox"/> teachability  | <input type="checkbox"/> anger management               | <input type="checkbox"/> ability to give good counsel |
| <input type="checkbox"/> dependability | <input type="checkbox"/> stress management              | <input type="checkbox"/> judgement/discernment        |
| <input type="checkbox"/> compassion    | <input type="checkbox"/> able to work in a team setting | <input type="checkbox"/> work ethic                   |
| <input type="checkbox"/> maturity      | <input type="checkbox"/> emotional stability            | <input type="checkbox"/> personal integrity           |
| <input type="checkbox"/> honesty       | <input type="checkbox"/> willing to accept criticism    | <input type="checkbox"/> morality                     |
| <input type="checkbox"/> creativity    | <input type="checkbox"/> attitude towards authority     | <input type="checkbox"/> flexibility                  |

**Personal Questions:**

What are the applicant's greatest strengths? \_\_\_\_\_

What are the applicant's greatest weaknesses? \_\_\_\_\_

On the scales below, please rate the applicant in the following areas:

**ATTITUDE:** A reflection of the applicant's disposition towards work and those in authority.

-----excellent-----good-----average-----marginal-----poor-----

Please make some comments on the applicant's work attitude:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**ADAPTABILITY:** A reflection of the applicant's ability to adjust to meet the challenge of new conditions, duties, or responsibilities.

-----excellent-----good-----average-----marginal-----poor-----

Please list and make some comments on the applicant's adaptability:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**WORK ETHIC:** A reflection of the applicant's ability and daily response to duties and tasks as assigned.

-----excellent-----good-----average-----marginal-----poor-----

Please list and make some comments on the applicant's work ethic:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Would you have any concerns about the moral/ethical example this applicant would set for the children who attend the Scott Mission Youth City Summer Programs?  Yes  No  
Would you place your child under the direct care of the applicant without hesitation?  Yes  No

Comments: \_\_\_\_\_  
\_\_\_\_\_

Please rate your overall recommendation of the applicant:  
 Highly Recommended  Recommended  Recommended with Reservation  Not Recommended

Comments: \_\_\_\_\_  
\_\_\_\_\_

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Please mail the completed reference form in an enclosed envelope with a signature on the seal to the address on the front page.