**Shiloh Bible Camp’s CIT Reference Form**

To be completed by the applicant’s Youth Group Leader, Sunday School Teacher, Pastor, Mentor, Teacher, or Adult Friend.

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ is being considered for acceptance into Shiloh’s Christians In Training (CIT) Program. Participants in this program must be individuals who demonstrate a clear desire to grow in their relationship with God, and a willingness to serve others. This program is demanding, pushing each person to give their best. Thank you for your willingness to give us your evaluation of this individual. Please be completely honest with us, commenting on the characteristics that you have observed. We will rely heavily on your recommendations.

Please feel free to elaborate when further explanation is needed. If you have any questions, please Shiloh Bible Camp (360) 532-5179.

Name:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Relationship to Applicant: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Church/Organization: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Email\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Phone:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

*Your comments on this form will be confidential.*

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

To the best of your knowledge, is the applicant a Christian? Yes/No

For approximately how long? \_\_\_\_\_\_\_\_\_\_\_\_

Does the applicant appear to be growing in their relationship with God? Yes/No

If so, what have you seen to support this?

Does the applicant take an active interest in their local church? Yes/No

If so, in what ways do they serve?

What is the applicant's attitude to leadership or authority?

Describe any areas of strength or fruit of the Spirit in the applicant.

Describe any areas of weakness in the applicant.

In the next few questions, please check one that best describes the applicant.

**Leadership**

* Not applicable in our situation
* Makes no effort to lead
* Tries but lacks ability (others do not follow)
* Shows promise (Others sometimes follow)
* Good ability (Others usually follow)
* Considerable ability (others readily follow)

**Work Habits**

* Needs constant supervision
* Begins but does not finish
* Meets average expectations
* Goes above and beyond assignment
* I don’t know

**Emotional Stability**

* Over-responds emotionally
* Tends to be moody
* Sometimes well balanced
* Usually balanced and controlled
* Well Balanced

**Personality**

* Shy/Withdrawn
* Reserved/Quiet
* Friendly/Outgoing

**Peer Acceptance**

* Avoided
* Tolerated
* Liked
* Sought out by others
* I don’t know

Please rate the applicant 1-5 on the following characteristics and traits:

1 (Weak in that area) -- 5 (Superior) 0-I don't know

\_\_\_ Personal Appearance

\_\_\_ Courtesy

\_\_\_ Honesty/Personal Integrity

\_\_\_ Physical Condition

\_\_\_ Dependability

\_\_\_ Punctuality

\_\_\_ Discernment

\_\_\_ Willing Attitude

\_\_\_ Adaptability

\_\_\_ Ability to work with others

\_\_\_ Attitude toward hard work

\_\_\_ Initiative

Additional Comments/Important Information:

Thank You for completing this Reference Form! We pray that as this possible CITer grows that they have good Godly people to look up to and to encourage them through life! If we have any questions about this form we will be contacting you.

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