



REFERENCE LETTER FORM

Throughout the province, volunteer organizations and churches are asking their volunteers and employed positions to provide references. This is done to assure the safety of children, the elderly, vulnerable adults and volunteers themselves. The information on this form stays in a confidential file within the Camp Lemieux ministry and is not shared with any outside organization or institution, unless requested and approved by the applicant listed below. Should this be requested, completion of the following Archdiocese of Regina Protocol forms would be required:

1. Volunteer Authorization to Release File and
2. Volunteer Authorization to Transfer File Information

_____, is interested in volunteering with
(Applicant's name)

Camp Lemieux _____ ministry.
(Ministry name)

This person has been asked to provide references, and has provided us with your contact information. The ministry position which the applicant is considering is:

<u>Position Summary</u>			
<u>Title:</u>	<input type="checkbox"/> Board Member	<input type="checkbox"/> Committee Member	<input type="checkbox"/> Kitchen
	<input type="checkbox"/> First Aid	<input type="checkbox"/> Maintenance	<input type="checkbox"/> Ministry of Presence
	<input type="checkbox"/> Day Visitor	<input type="checkbox"/> Program	<input type="checkbox"/> CIT
	<input type="checkbox"/> Clergy	<input type="checkbox"/> Overnight/Week Volunteer	
	<input type="checkbox"/> Other _____		
<u>Responsibilities:</u>			

We wish to receive current, accurate information about this person. The information you provide will be an important tool in our decision-making process. Please base your assessment of this person on your experience of being with and working with them. We expect that this will take about 10 to 20 minutes of your time.



Person's Name (please print): _____

1) What is your relationship to the person indicated above? How long have you known this person?

2) How would you describe his or her skills and suitability for this ministry position?

3) Would you recommend this person for this ministry position? Yes No

Comments:

Reference's signature _____ Date: _____

We sincerely thank you for your time. Please return this form in an envelope marked CONFIDENTIAL to the address below:

Camp Lemieux Volunteer Screening Coordinator(s):

Program Director – Jim Dietrich Board Chair – Jennifer Foley

c/o Valerie Tienkamp 239 4th Ave SE Swift Current, SK S9H 3L6

<p><u>Camp Office Use Only:</u></p> <p>Date Received: _____</p> <p>By: _____</p>
