



# Work Supervisor

I, \_\_\_\_\_, am applying for a position on next summer's MiVoden staff. Your honest appraisal will assist the directors in evaluating my qualifications and abilities. When you have completed this form, please mail it to the below address. Thank you for your immediate help.

Signature \_\_\_\_\_

GENERAL IMPRESSION <i>(Check what you believe to be applicable) 1=low, 5=high</i>	1	2	3	4	5	SPECIFIC QUALITIES <i>(Circle all qualities that you believe to be applicable)</i>
Spiritual influence	___	___	___	___	___	Christian influence positive, passive, or negative
Spiritual commitment	___	___	___	___	___	Dedicated, growing, searching, or uncommitted
Attitudes toward the church	___	___	___	___	___	Active support, passive acceptance, or resistance
Judgement	___	___	___	___	___	Mature, adequate, inconsistent, or poor
Dependability	___	___	___	___	___	Reliable, erratic, poor, often late, or easily distracted
Leadership potential	___	___	___	___	___	Natural, latent, or follower
Cooperation	___	___	___	___	___	Helpful, erratic, willingly obeys, poor, or obstructive
Initiative & Resourcefulness	___	___	___	___	___	Self-starter, creative, ability to improvise, needs supervision, persevering, easily discouraged
Intellect	___	___	___	___	___	Quick, average, or slow to grasp material
Personality	___	___	___	___	___	Extroverted, well-balanced, introverted, self-centered, unselfish, easily offended,
Adaptability	___	___	___	___	___	Flexible, open-minded, prejudiced, tactful, out-spoken
Appearance	___	___	___	___	___	Well groomed, relatively neat, careless
Emotional stability	___	___	___	___	___	Self-controlled, stable, easily disturbed, or unstable

Please give any further information which you feel would be helpful to the directors in appraising this applicant. \_\_\_\_\_

---



---



---



---

How long have you known the applicant? \_\_\_\_\_ In what capacity? \_\_\_\_\_

Would you feel comfortable with this applicant caring for your child in a camp setting?  Yes  No

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

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

Address: \_\_\_\_\_

Position: \_\_\_\_\_

\_\_\_\_\_

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

Please mail completed form to **MiVoden / PO Box 19039 / Spokane WA 99219**  
If you would like to contact us personally, please call **(509) 838-2761**



I, \_\_\_\_\_, am applying for a position on next summer's MiVoden staff. Your honest appraisal will assist the directors in evaluating my qualifications and abilities. When you have completed this form, please mail it to the below address. I realize the information on this recommendation will be kept in strict confidence and available only to the evaluation committee. Thank you for your immediate help.

Signature \_\_\_\_\_

GENERAL IMPRESSION						SPECIFIC QUALITIES
<i>(Check what you believe to be applicable) 1=low, 5=high</i>						<i>(Circle all qualities that you believe to be applicable)</i>
	1	2	3	4	5	
Spiritual influence	___	___	___	___	___	Christian influence positive, passive, or negative
Spiritual commitment	___	___	___	___	___	Dedicated, growing, searching, or uncommitted
Attitudes toward the church	___	___	___	___	___	Active support, passive acceptance, or resistance
Judgement	___	___	___	___	___	Mature, adequate, inconsistent, or poor
Dependability	___	___	___	___	___	Reliable, erratic, poor, often late, or easily distracted
Leadership potential	___	___	___	___	___	Natural, latent, or follower
Cooperation	___	___	___	___	___	Helpful, erratic, willingly obeys, poor, or obstructive
Initiative & Resourcefulness	___	___	___	___	___	Self-starter, creative, ability to improvise, needs supervision, persevering, easily discouraged
Intellect	___	___	___	___	___	Quick, average, or slow to grasp material
Personality	___	___	___	___	___	Extroverted, well-balanced, introverted, self-centered, unselfish, easily offended,
Adaptability	___	___	___	___	___	Flexible, open-minded, prejudiced, tactful, out-spoken
Appearance	___	___	___	___	___	Well groomed, relatively neat, careless
Emotional stability	___	___	___	___	___	Self-controlled, stable, easily disturbed, or unstable

Please give any further information which you feel would be helpful to the directors in appraising this applicant. \_\_\_\_\_

---



---



---



---

How long have you known the applicant? \_\_\_\_\_ In what capacity? \_\_\_\_\_

Would you feel comfortable with this applicant caring for your child in a camp setting?  Yes  No

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

Address: \_\_\_\_\_ Position: \_\_\_\_\_

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

Please mail completed form to **MiVoden / PO Box 19039 / Spokane WA 99219**  
 If you would like to contact us personally, please call **(509) 838-2761**

