

# Shetek Lutheran Ministries Employee Reference Form



Applicant's Name: \_\_\_\_\_ Position Applied for \_\_\_\_\_

TO THE REFERENCE: This person has applied to serve on the summer staff at Shetek Lutheran Ministries an outdoor ministry of the ELCA and has listed you as a reference. Please provide honest and accurate feedback in response to the following questions.

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

Please evaluate the applicant on the following factors by placing an X in the appropriate column:

Factors	Outstanding	Good	Average	Poor
Emotional Maturity				
Relationships with Peers				
Relationships with authority				
Work Performance				
Honesty/Integrity				
Positive Attitude				
Ability to Relate to Children				
Creativity				
Responsibility				

Please comment on as many of the following areas as possible. (Attach a separate piece of paper if necessary) Feel free to add any thoughts or concerns you may have concerning this applicant.

1. Are you aware of any reason why this person would not work and/or live in a cabin/tent with young people (generally grades K-12)? \_\_\_\_\_ If so, please explain to some degree.
2. How does this person interact with people and work within a team?
3. Would you want a member of your family to spend a week of camp under the care and supervision of this applicant? Why/why not?
4. In light of SLM's program and emphasis on Christian hospitality and living, how would you say this applicant expresses his/her faith?

5. What assets or strengths would this applicant bring to a summer ministry team?
  
6. What are some areas of growth that you see for this applicant?
  
7. Please provide additional information that would assist us in making a hiring decision:

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Overall, how would you recommend this candidate for employment with Shetek Lutheran Ministries? (circle one):

- Strongly Recommend
- Recommend
- Recommend with reservation
- Do Not Recommend

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Name: \_\_\_\_\_ Title/ Position: \_\_\_\_\_  
Phone: (\_\_\_\_) \_\_\_\_\_ Email Address: \_\_\_\_\_  
Signature: \_\_\_\_\_ Date: \_\_\_\_\_

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Thank you for your honest feedback. Please return this form promptly to:

Shetek Lutheran Ministries  
Attn: Kristin Ruud  
14 Keeley Island Dr  
Slayton, MN 56172

If you have questions or concerns in regards to this reference, please contact the SLM Program Director, Kristin Ruud, at [kristin@shetek.org](mailto:kristin@shetek.org) or 507-763-3567.