



REFERENCE FORM
Guider

The applicant is to give a copy of this form to each of her two referees, neither of whom are relatives:

- 1. A Member of Guiding (preferably a Commissioner/ACL but if this is not possible, another Member who knows the applicant)
2. A non-Guiding reference

Name of applicant: _____

Event(s) applying for: _____

Referee information:

Name: Last name First name
Signature: Date:
Address: No. Street Apt. No. P.O. Box or R. R. No. City Province /Territory Postal Code
Phone: () Email:
Relationship to applicant:
Length of time you have known applicant:

A. Please indicate how strongly you agree with the following statements about the applicant: (Check only one box per line)

Table with 5 columns: Disagree, Agree, Strongly agree, Not sure. Rows include statements like 'adapts easily to different situations', 'is a leader', 'is a good problem solver', etc.



B. Do you fully believe the applicant is a suitable candidate for this event? Yes No

Please describe why you think this candidate would or would not be suitable for this event(s).

For Guiding referee only:

C. If camping is involved in the event, please comment on the applicant's camping skills (e.g. taking care of herself and girls in a camping environment, coping with inclement weather, cooking skills, type of camping experience, etc.)
