



REFERENCE FORM Seminar/Workshop

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 list various traits of the applicant such as 'adapts easily to different situations', 'is able to follow directions', 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).
