

OAK TREE LODGE REFEREE FORM

Phone Contact

PERMISSION

I (name of applicant) have read this document and give permission for Outer City Mission Trust to contact the referee listed below, and access a copy of my criminal record for the purpose of determining my suitability for residency at Oak Tree Lodge.

SIGNED..... DATE

REFEREE DETAILS

Name Date

Address

Phone

1. What is your relationship to the applicant?

2. How long have you known the applicant?

3. Do you feel this person wants to change their life direction?

4. Do you think that they are committed to life change? YES / NO

Why?

5. What issues do you think might hamper this person's ability to change?

6. Please estimate on a scale of 1-10 what level of motivation the applicant has to make life change, 1 being very low and 10 being very high.

1 2 3 4 5 6 7 8 9 10

7. How well does the applicant relate to authority and boundaries?

8. How well does the applicant relate to others?

9. Oak Tree Lodge is run on Christian principles. Do you think this will present a problem for the applicant?

10. Do you have any additional comments or knowledge of the applicant you feel may help us to evaluate their suitability for residence at Oak Tree Lodge?

Person completing this form

SIGNED DATED