



**CONFIDENTIAL REFERENCE FORM 2**

To be completed by a person who is not a member of Girl Guides of Canada and who knows the applicant well. Please complete this form and forward to the applicant in a sealed envelope prior to the deadline of May 31<sup>st</sup>. Please use dark ink and use only the space provided.

Please mark the envelope confidential and sign your name across the seal.

This form will be destroyed once the successful applicant is notified.

Name of applicant \_\_\_\_\_

**Please do not mention the applicant's name below:**

In what capacity and for how long have you known the applicant? \_\_\_\_\_

\_\_\_\_\_

Please comment on and give examples of the applicant's traits in the following areas:

1) Social and emotional maturity

\_\_\_\_\_  
\_\_\_\_\_

2) Sense of responsibility and cooperation

\_\_\_\_\_  
\_\_\_\_\_

3) Leadership skills and initiative

\_\_\_\_\_  
\_\_\_\_\_

Why would this applicant make a good recipient of this award?

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Do you fully recommend this applicant? Yes \_\_\_ No \_\_\_

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

Please print your name \_\_\_\_\_

Address \_\_\_\_\_

Telephone \_\_\_\_\_ Occupation \_\_\_\_\_



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du Canada

SOUTHERN VANCOUVER ISLAND AREA

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