

PERSONAL REFERENCE FORM for: _____

Dear _____

The above named individual has applied to become a camp counselor. Summer camp & child care is provided here for children ages 18 months-8 years old, licensed by Nassau County Dept of Health. (S)he has given your name as a PERSONAL reference. Please complete the following reference form and return it to this office at your earliest convenience by fax or mail.

Relationship with applicant: _____

How long have you known him/her? _____

Please rate the applicant on the following merits:

	Outstanding	Very Good	Good	Fair	Low
1. Character					
2. Dependability					
3. Leadership					
4. Creativity					
5. Sensitivity					
6. Tolerance					
7. Communication					
8. Enthusiasm					
9. Mido (Manners)					
10. Religiously					

From your knowledge, how well does he/she relate to children? _____

Please give your opinion of the applicant's skills in the activities or work situations at which you believe he/she is best. _____

To your knowledge, has the applicant suffered any significant physical or nervous difficulties which would interfere with his/her work with children? _____

Would you want this person to be your child's counselor/teacher? Why or why not? _____

Reference Signature: _____ Date: _____

Reference Printed Name: _____ Company Name: _____

Reference Address: _____

Reference phone #: _____, I can be called between _____ & _____

**Please fax this form to 206-984-0142 or email to deana@campgi.com.
or mail to 2174 Hewlett Ave, suite 100, Merrick, NY 11566**

For staff use only:

Contact Date: _____ By: _____ Comments: _____