

**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 3-4 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. 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? \_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

The most convenient time to contact me at (telephone number) \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_  
 to verify the foregoing is between \_\_\_\_\_ and \_\_\_\_\_.

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

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

For staff use only:

Contact Date: \_\_\_\_\_ By: \_\_\_\_\_ Comments: \_\_\_\_\_