



**SUMMIT CAMP
APPLICANT
REFERENCE
FORM**

Main Office: 322 Rt. 46, Suite 210, Parsippany, NJ 07054
Phone: 973-732-3230 **Fax:** 973-732-3226
Summer Office: 168 Duck Harbor Road, Honesdale, PA 18431
Phone: (570) 253 4381 **Fax:** (570) 253 2937
 staff@summitcamp.com www.summitcamp.com

NOTE: This form should be completed by a former employer, professor/teacher, supervisor, coach, clergyman, or other person aware of your efforts or work with children. Personal friends and babysitting references are not acceptable.

I _____ hereby give _____ permission to provide information requested on
 (applicant's name) (reference person's name)
 this reference form to the SUMMIT CAMP. I understand it will become part of my permanent record and that all information will be kept in confidence by the SUMMIT CAMP.
 Applicants Signature: _____ Date: _____

The applicant is applying to work at SUMMIT CAMP, a specialized sleepaway camp program for children with attentional issues . It is a demanding environment that often requires patience, perspective, and boundless energy.

THE FOLLOWING PARAGRAPH IS TO BE READ BY APPLICANT AND RECOMMENDER:

Applicants may waive their right to see letters of recommendation, whereupon such letters will be held in confidence. If the applicant has not signed the waiver below, it is assumed that this letter is submitted with the recommender's understanding that the applicant may request to see the letter. The alternative selected will not effect consideration of the applicant for a position at Summit Camp in Pennsylvania. **If you wish to waive your right to see this letter of recommendation, please sign here:**

Applicant's Signature: _____ Date: _____

DIRECTIONS TO THE REFERENCE PERSON: Please fill out the area below and on the reverse side:

Where/How did you supervise the applicant: _____

How long have you known this applicant?: _____ Would you re-employ this person again? _____

Please check the appropriate categories based on your knowledge of the applicant. Please check "unknown" if not applicable.

<u>Attributes</u>	Unknown	Superior	Above Average	Average	Below Average	Poor
Acceptability						
Accepts Supervision						
Common Sense						
Concern for Others						
Desire to Learn						
Emotional Maturity						
Enthusiasm						
Initiative						
Insightfulness						
Integrity						
Leadership Ability						
Patience						
Physical Stamina						
Reliability						
Self Image						
Sensitivity						
Tact						
Temperament						

Do you believe this applicant can work well with children? Yes _____ No _____

Applicant: _____

Would you entrust your own children to this person? Yes _____ No _____

Would you employ this applicant to a position working directly with children? Yes _____ No _____

Please Explain: _____

May we contact you for additional information? Yes _____ No _____

Our campers often present issues of management, and/or behavior. Please comment on this applicant's ability to work in this environment: _____

Please name and explain this candidates most pertinent attributes: _____

Please circle all characteristics and/or traits that you feel best reflect this person:

- | | | | | |
|------------|-----------------|--------------|---------------|---------------|
| Aloof | Approachable | Bright | Caring | Competent |
| Confident | Confrontational | Consistent | Contemplative | Cooperative |
| Creative | Demanding | Energetic | Enthusiastic | Extroverted |
| Follower | Forgetful | Impulsive | Intimidating | Introverted |
| Intuitive | Lazy | Leader | Loud | Mature |
| Negotiator | Nurturing | Organized | Outspoken | Patient |
| Personable | Quiet | Reliable | Resilient | Responsible |
| Rigid | Sarcastic | Self Starter | Selfish | Sensitive |
| Slow | Soft Spoken | Spontaneous | Tactful | Understanding |

Signature: _____ Title: _____

Print your name: _____

Address: _____

Phone #: _____ () Daytime () Evening Date Form Completed: ____/____/____
m d y

Email: _____ () Work () Home

Thank you for your prompt reply.

You may fax this back to Summit Camp at 973-732-3226