

Reference Form

Applicants Name: _____

Applying for the position of: _____



The above person has applied for a position with Camp Shalom and has listed you as a Reference. Since we will be serving hundreds of kids of all ages this summer, it is important that we have very strong, committed people working with us. Please take a few minutes to answer the following questions and return this form promptly to ensure this candidate receives consideration. Your input is greatly appreciated! Thank you.

Please mark an "X" along the line where you feel the applicant is best described.

1. How reliable is the applicant in completing projects?

1 _____ 2 _____ 3 _____ 4 _____ 5 _____ 6 _____ 7 _____ 8 _____

Not Reliable

Very Reliable

Not
Observed

Comments:

2. How mature do you consider the applicant to be?

1 _____ 2 _____ 3 _____ 4 _____ 5 _____ 6 _____ 7 _____ 8 _____

Very Immature

Very Mature

Not
Observed

Comments:

3. Does the applicant work well with others?

1 _____ 2 _____ 3 _____ 4 _____ 5 _____ 6 _____ 7 _____ 8 _____

Not Well

Very Well

Not
Observed

Comments:

4. How would you assess the applicant's Christian faith?

1 _____ 2 _____ 3 _____ 4 _____ 5 _____ 6 _____ 7 _____ 8 _____

Inactive Faith

Strong, Active Faith

Not
Observed

Comments:

5. Does the applicant work well with children?

1 _____ 2 _____ 3 _____ 4 _____ 5 _____ 6 _____ 7 _____ 8 _____

Uncomfortable
With Children

Works Well
W/ Children

Not
Observed

Comments:

6. How would you describe the applicant's personality?

1 _____ 2 _____ 3 _____ 4 _____ 5 _____ 6 _____ 7 _____ 8 _____

A Loner

Outgoing

Not
Observed

Comments:

7. Is the applicant the type of person whom you would trust with you own children?

1 _____ 2 _____ 3 _____ 4 _____ 5 _____ 6 _____ 7 _____ 8 _____

Definitely Not

Definitely

Comments:

8. What is your relationship with the applicant?

If you would like to add any further comments that you feel might be helpful in our decision making process, please attach additional sheets.

Reference Signature: _____

Printed Name: _____

Address: _____

City/State/Zip: _____

Telephone: _____ Email: _____

Please return this form promptly to ensure this candidate receives consideration.

Mail directly to:

Camp Shalom Office

Reference

960 E. 53rd Street

Suite 1-B

Davenport, IA 52807