



REFERENCE FOR EMPLOYMENT

NAME OF APPLICANT _____

DATE: _____

The applicant named above wishes to be considered for employment with Camp Sloane YMCA. A prompt and thoughtful response would be appreciated. Please keep in mind that it would be an exceptional person indeed who would rank highest in all of the categories! Working with children is a tremendous responsibility and your honesty is essential. The reverse side allows for additional thoughts and comments regarding the applicant.

The applicant should provide you with a stamped envelope addressed to:
CAMP SLOANE YMCA
Attn: Camp Director
124 Indian Mountain Road
LAKEVILLE CT 06039

“I have applied to Camp Sloane YMCA for employment and I desire that said organization be fully advised of my record with former employers. I, therefore, respectfully request that you furnish the necessary information concerning my employment with your organization, and I hereby release you from any and all liability of damages for providing the information requested.”

APPLICANT’S SIGNATURE

CATEGORY	BELOW AVERAGE	AVERAGE	ABOVE AVERAGE	EXCEPTIONAL	UNABLE TO ASSESS
Willingness to Cooperate					
Health & Energy					
Mental Alertness					
Neatness in personal Appearance					
Seeing Tasks Through to Completion					
Dependability & Promptness					
Sense of Responsibility					
Ability to Make Friends Easily					
Plans Time Intelligently					
Displays a High Standard of Conduct					
Appears to Desire a Leadership Role					
Initiates & Implements Ideas/Tasks/Plans					
Honesty & Integrity					
Response to Criticism					

DESCRIBE THE NATURE OF APPLICANT'S FRIENDS AND ASSOCIATES: _____

WHAT SKILLS, TALENTS, OR CHARACTER TRAITS OF THE APPLICANT CAN YOU COMMENT UPON IN SUPPORT OF THIS APPLICATION? _____

PLEASE COMMENT ON APPLICANT'S SUITABILITY FOR SERVICE AS A COUNSELOR/SUPERVISOR. BASED ON WHAT YOU KNOW ABOUT APPLICANT, WOULD YOU BE WILLING TO LEAVE YOUR CHILDREN UNDER THEIR CARE AND SUPERVISION FOR TWO WEEKS OR LONGER?

OTHER COMMENTS IN SUPPORT OF APPLICATION: _____

HOW LONG HAVE YOU KNOWN APPLICANT AND IN WHAT CAPACITY? _____

IS THE APPLICANT A RELATIVE?: _____ HOW ARE YOU RELATED IF YES?: _____

YOUR NAME: _____

ORGANIZATION/TITLE: _____

ADDRESS: _____

TELEPHONE: _____