

**NEW JERSEY Y CAMPS APPLICANT REFERENCE FORM**

I \_\_\_\_\_ hereby give \_\_\_\_\_ permission to provide information  
 (applicant's name) (reference person's name)  
 requested on this reference form. I understand it will be confidential and will become part of my permanent record. I also understand that all information will be kept in the strictest of confidence by the Y Camps.

Please circle camp you are applying to work for: NJW CLC TAC RLC Nesher Kislak

**Reference fills out below:**

In what capacity do you know this applicant? \_\_\_\_\_.

How long have you know this applicant? \_\_\_\_\_.

Please check the appropriate categories based on your knowledge of the applicant. If you do not have adequate information please check "unknown".

ATTRIBUTES	UNKNOWN	SUPERIOR	ABOVE AVERAGE	AVERAGE	BELOW AVERAGE	POOR
Initiative						
Enthusiasm						
Reliability						
Appearance						
Honesty						
Punctuality						
Emotional Maturity						
Concern for Others						
Acceptance of Supervision						
Physical Stamina						
Insightfulness						
Desire to Learn						
Leadership Ability						

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

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

Would you employ this applicant in a position working directly with children? \_\_\_\_\_

If no please explain \_\_\_\_\_

**Additional Comments:**  
 \_\_\_\_\_  
 \_\_\_\_\_

May we telephone you for additional evaluation? Yes \_\_\_\_\_ No \_\_\_\_\_

Signature \_\_\_\_\_ Title \_\_\_\_\_

Address \_\_\_\_\_

Phone # ( ) \_\_\_\_\_ Daytime \_\_\_\_\_ Evening \_\_\_\_\_ Date Form Completed \_\_\_/\_\_\_/\_\_\_

Thank You for your assistance.  
 Please return to: New Jersey YM-YWHA Camps, 21 Plymouth Street, Fairfield, NJ 07004 973-575-3333