



**REFERENCE FORM
C.W. POST SUMMER DAY CAMP
SUMMER 2009**

Please print, fill out and mail to: Dorene Padula, C.W. Post Summer Day Camp, C.W. Post Campus, Long Island University, 720 Northern Blvd. Brookville, NY 11548

To be completed by applicant:

Applicants Name: _____

Applicants Address: _____

Position Sought: _____

The signature of the applicant below relinquishes his/her right to inspect letters of recommendation and constitutes a waiver. If there is no signature, the applicant will have the right to read the reference.

Applicants Signature: _____

To be completed by reference (Please type or print)

The person whose name is listed above has applied for a staff position at C.W. Post Day Camp. The applicant has listed your name as a reference. Please furnish the information below, as well as any additional comments. Thank you for your time.

C.W. Post is a co-ed day camp program. Working with children on a day to day basis can be a very challenging, growing and fun experience. Children have great physical and mental needs and sometimes it can get stressful. Therefore it is essential that you consider the applicant's interest and ability to work with children in a demanding situation.

How long have you known the applicant? _____

In what capacity? _____

What do you know about this person's ability to work with children?

Do you have any concerns for the applicant working in a stressful situation?

Based on your knowledge of the applicant please check the appropriate column. We appreciate your honesty.

	Excellent	Good	Satisfactory	Poor	Can Not Assess
Relationship with children					
Ability to be a team player					
Relationship with peers					
Cooperation with others					
Ability to accept criticism					
Leadership ability					
Independence(i.e. able to complete task on own)					
Sense of humor					
Personal initiative					
Emotional maturity					
Personality					
Consciousness of safety					
Personal appearance					

Please feel free to write any additional comments that you feel may assist the applicant.

We often make phone calls to have a more personal contact with the reference. Please let us know your phone number and what would be a good time to contact you. Thank you.

Telephone: _____
 Signature: _____
 Position: _____

Times: _____
 Date: _____

Please return form to: Director of Programs for Youth, Dorene Padula, C.W. Post Summer Day Camp, C.W. Post Campus 720 Northern Blvd. Brookville, NY 11548-1300