

CAMP JOHARIE

Administrative Office
110-18 Guy R. Brewer Blvd.
Jamaica, NY 11434
(718) 291-2676

CAMP STAFF REFERENCE FORM

Directions to the Applicant:

References in most instances should be from a former employer who is familiar with your ability to perform the required duties of a position. If you cannot obtain professional references, you may instead submit academic references. Fill in the name and address of your reference, sign and print your name, and forward this reference form along with a self-addressed envelope. Ask the recommender to seal the letter he or she has written on your behalf, sign across the seal, and return it to you. Submit the sealed envelope containing your letter of recommendation with your application package.

(Please Print Clearly)

Applicant's Name: _____
Last First Middle

Position Applying For: _____

Reference Name: _____

Title/Position: _____ Organization: _____

Address: _____
Street City State Zip Code

Direction to the Recommender: The applicant named above is applying for a position to Camp Joharie. Your candid opinion of the applicant will help determine the applicant's suitability for the position he/she is applying. If you prefer not to use the form on the reverse side, please make your comments in any fashion you may desire.

Unless the applicant signs the waiver of right of access indicated below, the applicant may see this recommendation.

WAIVER OF RIGHT TO ACCESS

I hereby waive my right of access to this confidential recommendation

Applicant's Signature

Date

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Please Check	Superior	Above Average	Average	Below Average
Scholarly Motivation	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Ability To Analyze And Synthesize	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Intellectual Capacity	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Originality	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Comprehension	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Verbal & Written Expression	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Ability To Work With Children	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Ability To Work With Other Adults And Under Supervision	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Leadership Ability and/or Potential	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Spiritual Maturity And Leadership	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Personality Traits And Characteristics	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

What is your relationship to the applicant? _____

How long have you known the applicant? _____ Years _____ Months

What is your overall opinion of the applicant's ability to perform the position responsibilities?

Reference Signature

Title

Date