



**Camp Counselor & Support Staff
Reference Questionnaire**

Applicant's Name _____

This form can be completed as a fillable PDF. Please use Adobe Reader to complete and then save once done.

Dear Sir or Madam,

The person named above has applied for a position as either a counselor or support staff member on the Camp Counselor USA/Canada program. Your honest appraisal of this applicant will assist us in determining if the applicant is suitable to participate in the camp program.

- Please complete and return this form as soon as possible. The Applicant's potential summer camp job is dependent upon receipt of this form.
- As the referee, please make an objective assessment of the character and abilities of the applicant.
- The applicant must possess responsibility, flexibility, a sense of humor and a high level of moral integrity.
- Only complete this reference if you can choose one of the options in question 18 and 19 below.

If you wish to share any reservations or further recommendations about the suitability of this applicant in private, please contact the Camp Counselors USA/Canada office via email at camps@ccusa.com

PERFORMANCE EVALUATION

	Excellent	Very Good	Good	Fair	Poor	Not Applicable/ Unable to Answer
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|--|--|-----|----|------------------|--|--|
| 1. Integrity | | | | | | |
| 2. Work habits/organization | | | | | | |
| 3. Adaptability/flexibility | | | | | | |
| 4. Attitude | | | | | | |
| 5. Relationship with co-workers | | | | | | |
| 6. Leadership abilities | | | | | | |
| 7. Ability to work in groups | | | | | | |
| 8. Responsibility | | | | | | |
| 9. Time management | | | | | | |
| 10. Emotional stability | | | | | | |
| 11. Positive role model | | | | | | |
| 12. Maturity | | | | | | |
| 13. Perseverance | | | | | | |
| 14. Ability to relate to children | | | | | | |
| 15. Children's response to applicant | | | | | | |
| 16. Would you be willing and completely comfortable leaving your children under this applicant's supervision?
If NO please explain: | | YES | NO | Unable to answer | | |

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|---|--|-----|----|
| 17. Does the applicant show signs of any behavior which you feel would cause a concern when working directly with children?
If YES please explain: | | YES | NO |
|---|--|-----|----|

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|--|---------------------|---|--|-------------------------|
| 18. What is your relationship to this applicant? | Teacher
Employer | Coach/coaches my child
Tutor/tutors my child | Priest/Minister/Rabbi
My child's babysitter | Supervisor
Co-Worker |
| 19. How long have you known this applicant? | | 6 months
2-3 years | 12 months
3-4 years | 1-2 years
4+ years |

You may be contacted by CCUSA or a camp for verification of your reference for this applicant. If completing this form electronically, you may type your name and check the box in lieu of a written signature.

Name of Referee _____	Signature _____	Date _____
Address _____	Phone _____	
Company _____	Position/Title _____	
Email _____		

Thank you for your evaluation!

If you have completed this as a fillable PDF, please save and email back to the Applicant.

If you have printed this form and completed by hand, please return it to the Applicant.

