

## CAMP HOMEWARD BOUND

### CAMP STAFF REFERENCE FORM

Name of applicant: \_\_\_\_\_

**Dear Sir or Madam,**

The applicant named above has applied to work as a summer camp staff with youth from homeless, formerly homeless and low income New York City families at a Coalition for the Homeless' summer camp. As part of the application process, every applicant must obtain three references. As soon as it is convenient, please provide us with the information below and **return the form directly to us by fax (212-776-2171) or mail (Coalition for the Homeless, Camp Homeward Bound, 129 Fulton Street, New York, NY 10038)**. More information about our programs is available online at: [www.coalitionforthehomeless.org](http://www.coalitionforthehomeless.org)  
**Thank you for your assistance.**

Name of person providing this reference (please print): \_\_\_\_\_

<i>Please rate the applicant's...</i>	Superior	Better than Satisfactory	Average	Less than Satisfactory	Unacceptable
Ability to Learn	[ ]	[ ]	[ ]	[ ]	[ ]
Job Performance	[ ]	[ ]	[ ]	[ ]	[ ]
Disposition	[ ]	[ ]	[ ]	[ ]	[ ]
Attendance/Punctuality	[ ]	[ ]	[ ]	[ ]	[ ]
Personal Appearance	[ ]	[ ]	[ ]	[ ]	[ ]
Resourcefulness	[ ]	[ ]	[ ]	[ ]	[ ]
Honesty/Dependability	[ ]	[ ]	[ ]	[ ]	[ ]
Cooperation	[ ]	[ ]	[ ]	[ ]	[ ]
Patience	[ ]	[ ]	[ ]	[ ]	[ ]
Adaptability	[ ]	[ ]	[ ]	[ ]	[ ]
Attitude Toward Children	[ ]	[ ]	[ ]	[ ]	[ ]
Leadership Skills	[ ]	[ ]	[ ]	[ ]	[ ]
Judgment	[ ]	[ ]	[ ]	[ ]	[ ]
Teaching Ability	[ ]	[ ]	[ ]	[ ]	[ ]

If you had a son or daughter at camp, would you be satisfied to have the above named person responsible for your child's welfare?  
 Yes  No  Unsure

I know the applicant as:  Student  Employee  Friend  Other \_\_\_\_\_

If employed, type of work performed: \_\_\_\_\_

If employed, reason for leaving: \_\_\_\_\_

Would you consider hiring (or re-hiring) the applicant?  Yes  No

Remarks: \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

Reference Signature _____	Date ____ / ____ / ____
Position/Title _____	Telephone _____
Email address _____	Alternative Telephone _____
The most convenient time to contact me to verify the foregoing is between _____ and _____	

Please fax to (+1) 212-776-2171 or mail to the address below.

(Verified by phone by \_\_\_\_\_ on \_\_\_\_ / \_\_\_\_ / 200 )