

# YMCA Camp Winona

# Reference Form

We provide a traditional, resident summer camp for children ages 6-17.	898 Camp Winona Rd. DeLeon Springs, FL 32130 Phone:386-985-4544 Fax: 386-985-6553
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## Reference Information

**Name of Applicant:** \_\_\_\_\_

**Reference Name:** \_\_\_\_\_

**What is your connection with the applicant?** \_\_\_\_\_

**How long have you known the applicant?** \_\_\_\_\_

## Applicant's Qualities

**Please check the box that best describes the applicant in regards to:**

	Superior	Very Good	Average	Fair	Poor	Not Known
<b>Initiative</b>						
<b>Enthusiasm</b>						
<b>Responsibility, Reliability</b>						
<b>Creativity</b>						
<b>Cooperativeness with Co-workers</b>						
<b>Punctuality</b>						
<b>Communication Skills</b>						
<b>General attitude</b>						
<b>Honesty</b>						
<b>Observance of Rules</b>						
<b>Safety Habits</b>						
<b>Judgement</b>						

	Superior	Very Good	Average	Fair	Poor	Not Known
Emotional Maturity, Stability						
Self Confidence						
Leadership Ability						
Willingness to go beyond what's expected						
Rapport with Children						
Sense of Humor						
Patience						
Judgement						

- **What are the applicant's three most significant strengths?**

\_\_\_\_\_

- **What are the applicant's three most significant weaknesses?**

\_\_\_\_\_

- **Do you think the applicant would be an asset to a camp staff? Why?**

\_\_\_\_\_

- **Would you feel comfortable having your children or other children in your family supervised by and receiving guidance from the applicant? Why?**

\_\_\_\_\_

- **Do you recommend the applicant as a member of our summer camp staff? Yes \_\_\_ No \_\_\_**

**Signed** \_\_\_\_\_

**Date** \_\_\_\_\_

**Address** \_\_\_\_\_

**Phone** \_\_\_\_\_

\_\_\_\_\_

**Thank you** for taking time to help us. Please return this reference at your earliest convenience. The applicant will not be considered for any position until all references are in.