

REFERENCE FORM
(PLEASE RETURN DIRECTLY TO RUACH DAY CAMP, 240 HEMPSTEAD AVENUE, WEST HEMPSTEAD, NY 11552)

Applicant's Name _____

Relationship with applicant _____

How long have you known him/her? _____

Please rate the applicant on the following merits:

	Outstanding	Very Good	Good	Fair	Low
1. Character					
2. Dependability					
3. Leadership					
4. Creativity					
5. Sensitivity					
6. Tolerance					
7. Communication					
8. Enthusiasm					
9. Midot					
10. Religiously					

From your knowledge, how well does he/she relate to children? _____

Is there any reason to believe that the applicant should not be working with children?

Yes ___ No ___

Please explain why or why not: _____

In your opinion, what do you consider to be the applicant's strength?

Would you want this person to be your child's counselor? Why or why not? _____

The most convenient time to contact me at (telephone number) _____ to verify the above is between _____ and _____.

Signature: _____ Print Name: _____

Date: _____ Contact Date: _____ By: _____