

**RUACH DAY CAMP
APPLICANT REFERENCE FORM**

Applicant's Name: _____

What is your relationship with the applicant? _____

How long have you know him/her? _____

Please rate the applicant on the following merits:

	Outstanding	Very Good	Good	Fair	Weak	No Opinion
Attendance						
Dependability						
Enthusiasm						
Communications						

Please describe the applicant in the following areas:

Tolerance/Patience: _____

Leadership: _____

Midot: _____

Religiously: _____

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In your opinion, what are the applicant's strengths? _____

In your opinion, what are the applicant's shortcomings? _____

Is there any reason to believe that the applicant should not be working with children (please explain)? _____

Reference Contact Information:

Phone Number: _____ **Email Address:** _____

Best Time to be Contacted: _____

Signature: _____

Print Name: _____

Date: _____

PLEASE RETURN THIS FORM DIRECTLY TO:

**RUACH DAY CAMP
240 HEMPSTEAD AVENUE
WEST HEMPSTEAD, NY 11552**

**OR E-MAIL THIS FORM DIRECTLY TO:
CAMP@HANC.ORG**