

**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:**

	<b>Outstanding</b>	<b>Very Good</b>	<b>Good</b>	<b>Fair</b>	<b>Weak</b>	<b>No Opinion</b>
<b>Attendance</b>						
<b>Dependability</b>						
<b>Enthusiasm</b>						
<b>Communications</b>						

**Please describe the applicant in the following areas:**

**Tolerance/Patience:** \_\_\_\_\_

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**Leadership:** \_\_\_\_\_

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**Midot:** \_\_\_\_\_

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**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**