



A Summer Camp for younger Boys and Girls since 1935.
Offering a Traditional, Farm, and Wilderness Program that nurtures the child while fostering a connection with the land and the simple joys of childhood.

REFERENCE QUESTIONNAIRE

(Position applied for) _____

I (applicant name) _____ have applied to work at Gwynn Valley Camp for younger boys and girls . I hereby authorize the person completing this form to provide any information concerning me. I also release you, your organization and Gwynn Valley from all liability and or damage whatsoever arising there from. All information is held in the strictest confidence. I DO / DO NOT (Please circle) voluntarily waive my right to view this form as long as it is used for its stated purpose. Friends and relatives are not considered an appropriate reference.

Applicant Signature: _____ Date: ____/____/____

Applicant's Name: _____

In what capacity do you know the applicant? _____

How long have you known the applicant? _____

If you have previously employed applicant, in what capacity? _____

If given the opportunity would you hire / re-hire? Why? _____

| <u>Performance Evaluation</u> | Excellent | Very Good | Good | Fair | N/A |
|----------------------------------|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|
| Attitude | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Integrity | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Maturity | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Patience | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Responsibility | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Creativity | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Leadership Ability | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Work Ethic / Habits | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Flexibility / Adaptability | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Ability to work in a group | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Relationship with co-workers | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Ability to relate to children | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Children's response to applicant | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |

1) Would you be willing to have your child (or a child in your life) be under the influence of the applicant for an extended period of time? _____

2) What would you consider are the applicants best skills / strengths for a camp job? _____

3) Are there any weaknesses you feel the applicant may have for camp counseling? _____

4) Do you believe the applicant may have been or is still a user of illegal drugs? _____

5) Do you believe the applicant is an excessive or indiscriminate user of alcohol? _____

6) Please supply any additional information, which may help us in deciding if this applicant may be suitable as a staff member at our residential summer camp: _____

Reference completed by: (Please Print) _____

Signature: _____

Date: ____/____/____

Phone Number: (____) _____ - _____ Best time to call: _____ AM / PM

Thank you for taking the time to complete this questionnaire. Your insight will help us as we decide who should work with our children this summer.

- Please complete this form and return to Gwynn Valley ASAP. Our program is for children aged 5 –14 years of age and we are therefore concerned that our staff have a high moral character, good judgment and are positive role models for our campers.
- If you have any questions please don't hesitate to contact us:



A Summer Camp for younger Boys and Girls since 1935.
Offering a Traditional, Farm, and Wilderness Program that nurtures the child while fostering a connection with the land and the simple joys of childhood.

REFERENCE QUESTIONNAIRE

(Position applied for) _____

I (applicant name) _____ have applied to work at Gwynn Valley Camp for younger boys and girls . I hereby authorize the person completing this form to provide any information concerning me. I also release you, your organization and Gwynn Valley from all liability and or damage whatsoever arising there from. All information is held in the strictest confidence. I DO / DO NOT (Please circle) voluntarily waive my right to view this form as long as it is used for its stated purpose. Friends and relatives are not considered an appropriate reference.

Applicant Signature: _____ Date: ____/____/____

Applicant's Name: _____

In what capacity do you know the applicant? _____

How long have you known the applicant? _____

If you have previously employed applicant, in what capacity? _____

If given the opportunity would you hire / re-hire? Why? _____

| <u>Performance Evaluation</u> | Excellent | Very Good | Good | Fair | N/A |
|----------------------------------|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|
| Attitude | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Integrity | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Maturity | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Patience | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Responsibility | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Creativity | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Leadership Ability | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Work Ethic / Habits | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Flexibility / Adaptability | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Ability to work in a group | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Relationship with co-workers | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Ability to relate to children | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Children's response to applicant | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |

1) Would you be willing to have your child (or a child in your life) be under the influence of the applicant for an extended period of time? _____

2) What would you consider are the applicants best skills / strengths for a camp job? _____

3) Are there any weaknesses you feel the applicant may have for camp counseling? _____

4) Do you believe the applicant may have been or is still a user of illegal drugs? _____

5) Do you believe the applicant is an excessive or indiscriminate user of alcohol? _____

6) Please supply any additional information, which may help us in deciding if this applicant may be suitable as a staff member at our residential summer camp: _____

Reference completed by: (Please Print) _____

Signature: _____

Date: ____/____/____

Phone Number: (____) _____ - _____ Best time to call: _____ AM / PM

Thank you for taking the time to complete this questionnaire. Your insight will help us as we decide who should work with our children this summer.

- Please complete this form and return to Gwynn Valley ASAP. Our program is for children aged 5 –14 years of age and we are therefore concerned that our staff have a high moral character, good judgment and are positive role models for our campers.
- If you have any questions please don't hesitate to contact us:



A Summer Camp for younger Boys and Girls since 1935.
Offering a Traditional, Farm, and Wilderness Program that nurtures the child while fostering a connection with the land and the simple joys of childhood.

REFERENCE QUESTIONNAIRE

(Position applied for) _____

I (applicant name) _____ have applied to work at Gwynn Valley Camp for younger boys and girls . I hereby authorize the person completing this form to provide any information concerning me. I also release you, your organization and Gwynn Valley from all liability and or damage whatsoever arising there from. All information is held in the strictest confidence. I DO / DO NOT (Please circle) voluntarily waive my right to view this form as long as it is used for its stated purpose. Friends and relatives are not considered an appropriate reference.

Applicant Signature: _____ Date: ____/____/____

Applicant's Name: _____

In what capacity do you know the applicant? _____

How long have you known the applicant? _____

If you have previously employed applicant, in what capacity? _____

If given the opportunity would you hire / re-hire? Why? _____

| <u>Performance Evaluation</u> | Excellent | Very Good | Good | Fair | N/A |
|----------------------------------|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|
| Attitude | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Integrity | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Maturity | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Patience | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Responsibility | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Creativity | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Leadership Ability | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Work Ethic / Habits | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Flexibility / Adaptability | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Ability to work in a group | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Relationship with co-workers | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Ability to relate to children | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Children's response to applicant | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |

1) Would you be willing to have your child (or a child in your life) be under the influence of the applicant for an extended period of time? _____

2) What would you consider are the applicants best skills / strengths for a camp job? _____

3) Are there any weaknesses you feel the applicant may have for camp counseling? _____

4) Do you believe the applicant may have been or is still a user of illegal drugs? _____

5) Do you believe the applicant is an excessive or indiscriminate user of alcohol? _____

6) Please supply any additional information, which may help us in deciding if this applicant may be suitable as a staff member at our residential summer camp: _____

Reference completed by: (Please Print) _____

Signature: _____

Date: ____/____/____

Phone Number: (____) _____ - _____ Best time to call: _____ AM / PM

Thank you for taking the time to complete this questionnaire. Your insight will help us as we decide who should work with our children this summer.

- Please complete this form and return to Gwynn Valley ASAP. Our program is for children aged 5 –14 years of age and we are therefore concerned that our staff have a high moral character, good judgment and are positive role models for our campers.
- If you have any questions please don't hesitate to contact us: