



Office Use:

GWYNN VALLEY CAMP REFERENCE QUESTIONNAIRE

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.

Applicant Name: _____

Position Applied for: (Please circle) Staff in Training / Intern / Counselor / Program Leader / Leadership / Other _____

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 or RELATIVES are not considered an appropriate reference.**

Applicant Signature: _____ Today's Date: ____ / ____ / ____

Thank you for taking the time to complete this questionnaire. You have been asked to complete this form based upon your previous experience with the above named applicant. Your insight will help us as we decide who should work with our children this summer. 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. Please complete this form and return to Gwynn Valley ASAP. If you have any questions please don't hesitate to contact us.

Reference completed by: Please Print 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
Applicant's Traits	Attitude	0	0	0	0	0
	Integrity	0	0	0	0	0
	Maturity	0	0	0	0	0
	Patience	0	0	0	0	0
	Responsibility	0	0	0	0	0
Applicant's Performance	Creativity	0	0	0	0	0
	Leadership Ability	0	0	0	0	0
	Work Ethic / Habits	0	0	0	0	0
	Flexibility / Adaptability	0	0	0	0	0
	Ability to work in a group	0	0	0	0	0
	Relationship with co-workers	0	0	0	0	0
	Ability to relate to children	0	0	0	0	0
	Children's response to applicant	0	0	0	0	0

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

2. What would you consider are the applicant's 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? NO / YES (If yes, please explain on back)

5. Do you believe the applicant is an excessive or indiscriminate user of alcohol? NO / YES (If yes, please explain on back)

6. Please supply additional information which may help us to decide if this applicant may be suitable to work at our residential summer camp: _____

Referee Signature: _____ Date: ____ / ____ / ____

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