



**CAPE COD SEA CAMPS**

**REFERENCE FORM – COUNSELING STAFF**

FAX: (508) 896-8272 Telephone (508) 896 3451

e-mail: [info@capecodseacamps.com](mailto:info@capecodseacamps.com) [www.capecodseacamps.com](http://www.capecodseacamps.com)

**To be completed by Applicant: (Please type or print)**

Applicant's Name: \_\_\_\_\_ Applicant Tel \_\_\_\_\_

Applicant's Address: \_\_\_\_\_

Position Sought: \_\_\_\_\_ Applicant Email \_\_\_\_\_

Circle One:                      Overnight/Residential Program                      Day Camp                      Days A-Way                      Other

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**To be completed by reference: (Please type or print)**

The person whose name is listed above has applied for a Camp Counselor/Staff position with this organization. The applicant has listed your name as a reference. Please furnish the information requested below, as well as any additional comments. This information will be kept confidential. Thank you for your time.

Cape Cod Sea Camps primarily serves youth with our main focus on a co-educational recreational camp for children. We have both an overnight/residential program and a day program. Working and living with children on a day to day basis is a very challenging, growing and fun experience. Youth have great emotional and physical needs and at times working in this setting can be very stressful. Therefore, it is important that you consider the applicant's interest and ability to work in a demanding environment with children.

How long have you known the applicant? \_\_\_\_\_

In what capacity have you known the applicant? \_\_\_\_\_

**If applicable:**

Dates of Employment:

\_\_\_\_\_

Reason for leaving the position with you? \_\_\_\_\_

Would you employ applicant in a similar position?    Yes \_\_\_\_\_ Maybe \_\_\_\_\_ No \_\_\_\_\_

If no, why? \_\_\_\_\_

What do you know of this individual's ability to work in a setting with children and young adults?

Do you have any concerns about the applicant working in a potentially stressful situation?

Please Turn Over to Complete.

Based on your knowledge of the applicant, please check the appropriate column. We appreciate your honesty and candor.

|   | Excellent | Good | Satisfactory | Poor | Cannot Assess |
|---|-----------|------|--------------|------|---------------|
| <i>Relationship with children</i>   |           |      |              |      |               |
| <i>Relationship with peers</i>  |           |      |              |      |               |
| <i>Ability to work as part of a team</i>  |           |      |              |      |               |
| <i>Cooperation with others</i>  |           |      |              |      |               |
| <i>Quality of work</i>  |           |      |              |      |               |
| <i>Independence (i.e. can complete a task responsibly with minimal supervision)</i> |           |      |              |      |               |
| <i>Energy Level</i>   |           |      |              |      |               |
| <i>Responsible</i>  |           |      |              |      |               |
| <i>Initiative</i>   |           |      |              |      |               |
| <i>Response to supervision</i>  |           |      |              |      |               |
| <i>Response to criticism</i>  |           |      |              |      |               |
| <i>Emotional Stability</i>  |           |      |              |      |               |
| <i>Leadership</i>   |           |      |              |      |               |
| <i>Integrity</i>  |           |      |              |      |               |
| <i>Personality</i>  |           |      |              |      |               |
| <i>Sense of humor</i>   |           |      |              |      |               |
| <i>Consciousness of safety</i>  |           |      |              |      |               |
| <i>Creativity</i>   |           |      |              |      |               |
| <i>Personal Appearance</i>  |           |      |              |      |               |
| <b>GENERAL EVALUATION</b>   |           |      |              |      |               |

Please feel free to write any additional comments that might assist us in evaluating the applicant.

We often make follow-up phone calls to have more personal contact with references. Please let us know your phone number and what would generally be a good time to contact you. Thank you. **Please return this form to: Cape Cod Sea Camps, Box 1880, Brewster, MA 02631**

Telephone: \_\_\_\_\_ Times: \_\_\_\_\_

Print Name: \_\_\_\_\_

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Official Position: \_\_\_\_\_