



CAPE COD SEA CAMPS

REFERENCE FORM – CAMP NURSES

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

e-mail: Info@capecodseacamps.com 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 Nurse Day Camp Nurse Other

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

The person whose name is listed above has applied for a Camp Nurse 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 in a setting with children is a very challenging, growing and fun experience. Youth have great emotional and physical needs. 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? From: _____ To: _____

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? _____

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>					
GENERAL EVALUATION					

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: _____