

# Camp Sunshine 2010 Counselor Reference Check

Applicant Name: \_\_\_\_\_ Session(s) Working:  Session 1  Session 2  CIT  Either

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Reference Name: \_\_\_\_\_ Phone: \_\_\_\_\_  
(MUST BE TEACHER/BOSS OR NON-FAMILY MEMBER REFERENCE)

How long and under what circumstances have you known the applicant?

Please circle the number that best reflects the applicant's abilities. Number 1 being low and Number 5 being superior.

Communication skills	1	2	3	4	5						
Reliability/dependability	1	2	3	4	5	Leadership abilities	1	2	3	4	5
Work ethic	1	2	3	4	5	Self Initiative	1	2	3	4	5
Cooperating with others	1	2	3	4	5	Sensitivity toward people with disabilities	1	2	3	4	5

Can you offer any other further information that would be beneficial in making this decision?

Do you recommend that this applicant serve as a volunteer at Camp Sunshine?

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

**This Form Must Be Completed and Signed - May 15, 2010 DEADLINE!**

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(MUST BE AN ADULT)

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