

BROOKHAVEN COUNTRY DAY CAMP • Div. of Sunshine Camp Corp.
P.O. Box 175 • Long Island Avenue • Yaphank, NY 11980
631-924-4033

Directors
 Michael Pollack
 Dr. Neil Pollack

Program Director
 Matthew Baumann

REFERENCE FORM

_____ is applying for a position with our summer staff. We would appreciate your cooperation in honestly sharing with us what knowledge you have concerning this individual in regard to the following areas:

	Above Average	Average	Below Average
1. Ability to work without close supervision			
2. Ability to maintain self-control under varying degrees of stress			
3. Sense of responsibility to a task			
4. Sense of responsibility to the people he/she serves			
5. Sense of responsibility to her/his associates and supervisors			
6. Ability to accept suggestions and constructive criticism			
7. The effectiveness of this individual's communication skills			
8. The effectiveness of this individual's leadership skills			
9. Ability to relate to, work with, and love children			

10. How long have you known this individual? _____

11. Please make additional comments you would care to share in regard to this individual:

12. Please check the appropriate column:

	Above Average	Average	Below Average
Appearance			
Dependability			
Initiative			
Maturity			
Patience			

13. If applicant is a high school student:

- Current year in school _____
- School name _____
- Guidance Counselor's name _____

14. This applicant has applied for the position of _____. The ages of the campers would be as young as three and as old as 15. The group sizes would be between 15 and 20 campers. Please express your view as to the applicant's ability to carry out this job:

15. Does this person appear to be in good health, and physically and mentally able to care for children? _____

16. How often have you observed this person with children? _____

17. How would you rate this person's general interest in children? _____

18. How would you rate this person's understanding of children and their special needs? _____

19. How does this person handle the discipline of children? _____

20. Has this person ever been suspected or convicted of child neglect or abuse? _____

21. Would you permit this person to care for your child? Yes No If so, explain:

(please print)

Name _____

Address _____
Street City State Zip

Employed by _____

Position _____ Telephone (____) _____ (____) _____
Work Home

Signature _____ Date _____

**Return this form to:
BROOKHAVEN COUNTRY DAY CAMP
PO BOX 175, LONG ISLAND AVENUE
YAPHANK, NY 11980
ATTN: MATTHEW BAUMANN**

