

APPLICANT REFERENCE CHECK FORM
New York YMCA Camp

APPLICANT'S PERMISSION FOR RELEASE OF INFORMATION

I hereby release from all liability the company or person below, and authorize him/her to release all information regarding my relationship to him/her. This includes facts known about me, facts in good faith believed to be true, and opinions held by the company or person below about me.

Applicant's Name: _____

Applicant's Signature: _____ Date: _____

1. What qualities and special abilities does this person possess that would make him or her a good candidate for residential camp work? Please describe. _____

2. What qualities do this individual have that would inhibit his or her ability to effectively work in a residential camp? Please describe. _____

3. Are there any reservations you would have if this person were to work around children? _____
Why? _____
4. Will you please rate the applicant to the best of your knowledge by checking the appropriate column below. If you feel that your knowledge is not adequate in any of these areas, please write N/A (not applicable).

<u>Characteristics</u>	<u>Excellent</u>	<u>Average</u>	<u>Poor</u>
Responsibility	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Dependability	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Punctuality	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Ability to work well with others	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Work Ethic	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Accepts constructive criticism	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Initiative	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Follow through	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Gets along with others	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Leadership	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Judgment	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Tact	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Sense of humor	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Enthusiasm, cheerfulness	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Integrity	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

5. How long have you known the applicant? _____ In what capacity? _____
6. Is there any additional information concerning the applicant which would be of value to us? Please describe.

Reference Name

Reference Title

Reference Phone (day)

Reference Phone (evening)

Reference Signature

THANK YOU VERY MUCH FOR YOUR TIME AND CONSIDERATION. Please fax the completed form as soon as possible to: 845-858-7823 or mail to Leanne Fraccio, New York YMCA Camp, P.O. Box 622, Huguenot, NY 12746.