



# Camp Huntington

**Confidential Reference Check,  
2009 Season**

**Please return to:  
Amber Allen-Camp Huntington  
PO Box 37  
High Falls, New York 12440**

**TO THE APPLICANT:** Please provide two references. We recommend former employees, teachers, ministers, counselors or other persons who can give an honest accounting of the type of person you are. References by personal friends, or relatives WILL NOT be considered. One professional reference is required. Have the referee fill out the form below and fax it or mail it directly to Camp Huntington. Please provide your references with a stamped addressed envelope: Camp Huntington, Box 37, High Falls, NY 12440. Your employment/volunteer position will be contingent on positive references, criminal background check and completion of Medical History/Physical Forms.

I \_\_\_\_\_ authorize \_\_\_\_\_  
(Applicant's name/please print) (Name of Referee)  
to provide relevant information that will be used to arrive at an employment decision.

**TO BE COMPLETED BY THE REFEREE:**

The person above is applying for a position at Camp Huntington, a residential camp for children, young adults and adults with Autism, Mental Retardation, Learning Disabilities and Attention Deficit Disorders. We are enthusiastic to learn your observations of him or her. Your candid assessment of his/her suitability for working with children is essential to us. All evaluations will be kept in strict confidence, and will not be shown to the applicant. Only upon our receipt of this reference form can the applicant be considered for employment/volunteer position. Your early response (within 7 days) would be most appreciated. Thank you for your assistance and time.

What is your relationship to the applicant? \_\_\_\_\_Employer \_\_\_\_\_Professor \_\_\_\_\_Pastor \_\_\_\_\_Other (explain)

How well do you know the applicant? \_\_\_\_\_Very Well \_\_\_\_\_Well \_\_\_\_\_Casually

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

Please rate the applicant to the best of your knowledge with respect to each of the following:

Please rate the applicant on scale of 1-10 (circle). 1 being the LEAST qualified and 10 being the MOST qualified.

Maturity	1	2	3	4	5	6	7	8	9	10
Responsibility	1	2	3	4	5	6	7	8	9	10
Creativity	1	2	3	4	5	6	7	8	9	10
Dependability	1	2	3	4	5	6	7	8	9	10
Team Work	1	2	3	4	5	6	7	8	9	10
Patience	1	2	3	4	5	6	7	8	9	10
Good Judgment	1	2	3	4	5	6	7	8	9	10
Works well w/ Children	1	2	3	4	5	6	7	8	9	10

Please use the reverse of this form to answer the following questions:

1. Keeping in mind that being a staff member/volunteer can be very demanding, requiring long hours and hard work, how would assess this applicant's suitability for such a position?
2. In you opinion, is there any reason why this candidate should not be considered for this position?
  - a. No \_\_\_\_\_ Yes \_\_\_\_\_ If yes, please explain why.
3. If the applicant is applying for a staff or volunteer nurse position, please provide your assessment on the reverse of this form about their clinical nursing skills and professionalism.

Please feel free to use the reverse side of this form for any additional comments. Thank you for your assistance.

Signature: \_\_\_\_\_ Print Name: \_\_\_\_\_ Title: \_\_\_\_\_

Company: \_\_\_\_\_ Phone: \_\_\_\_\_ Date: \_\_\_\_\_