



# Reference Form YMCA Camp Abnaki

*The person below has applied at the YMCA to be a Counselor with children in a resident camp setting. Please evaluate this person by answering these questions.*

Name of Applicant \_\_\_\_\_

How long have you known the applicant? \_\_\_\_\_ Relationship \_\_\_\_\_

In general, how would you rate the applicant's ability and interest to work with children?  
\_\_\_\_\_  
\_\_\_\_\_

How has the applicant's behavior indicated that children in his/her care would receive:

1. Good physical care? \_\_\_\_\_

2. Respect? \_\_\_\_\_

Do you have any concerns about the applicant, which would affect the quality of child care?  
\_\_\_\_\_

Please check the appropriate boxes to indicate the applicant's qualities:

	Excellent	Good	Average	Fair	Not Sure
Communication with co-workers					
Communication with children					
Quality of work					
Initiative					
Emotional maturity					
Moral character					
Cooperation					
Adaptability					
Reliability					
Leadership ability					
Organization					

All of the above information is true and accurate in accordance with my knowledge of the applicant.

\_\_\_\_\_  
Printed Name

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Day Time Telephone

\_\_\_\_\_  
Date

*Please return to: Camp Director*

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