



CAMPS AIRY AND LOUISE
 The Camp Airy and Camp Louise Foundation, Inc.
 Serving Generations of Jewish Youth for Over 86 Summers.
 5750 Park Heights Ave. Suite 306
 Baltimore, MD 21215
 T: 410-466-9010 F: 410-466-0560
 Camp e-mail: airlou@airylouise.org

CAMP AIRY

REFERENCE REQUEST FORM

Dear _____
(Name of Reference)
 An application has been received from _____ for the position of _____
(Name of Applicant)
 on the Camp Airy/Camp Louise staff.

The applicant has given your name as one who can provide information regarding his/her qualifications, character and ability. Primarily, each applicant should enjoy working with children, be sensitive to a child's needs and enjoy outdoor life.

Please furnish the information requested below and, if you wish, supplement it with pertinent additional material and return it in the enclosed envelope as soon as possible. This information will be held confidential for Camps Airy and Louise only. The applicant is aware that we are sending this reference request. Thank you in advance for your prompt response.

How long have you known the applicant? _____

In what capacity? _____

Will you please rate the applicant to the best of your knowledge by checking the appropriate columns below. If you feel that your knowledge of the applicant is not adequate in any of these areas please indicate with a question mark.

| CHARACTERISTICS | EXCELLENT | GOOD | FAIR | POOR |
|------------------------------------------|-----------|------|------|------|
| Ability to adapt to different situations | | | | |
| Ability to accept guidance | | | | |
| Ability to get along with children | | | | |
| Ability to get along with adults | | | | |
| Responsibility | | | | |
| Dependability | | | | |
| Punctuality | | | | |
| Initiative | | | | |
| Judgement | | | | |
| Enthusiasm | | | | |
| Integrity | | | | |
| Sympathetic/Understanding | | | | |
| Personal Appearance | | | | |
| Leadership Ability | | | | |
| Attitude toward personal growth | | | | |

What do you think is the applicant's strongest asset? _____

Would you want your child under this individual's guidance and supervision? _____

Do you recommend the applicant as a person to guide and supervise your child? _____

Signature _____ Date _____

Position _____ Phone (day) _____

(night) _____



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