



CAMP ESH STAFF APPLICANT REFERENCE FORM

I _____ hereby give _____ permission to provide information
(applicant's name) (reference person's name)
 requested on this reference form to Camp ESH. I understand that it will become part of my permanent record and that all information will be held in confidence by Camp ESH

Applicant's Signature: _____ Date: _____

To be completed by any 3 of the following: school administrator (not a teacher), school guidance counselor, dean of student activity, camp supervisor (not a counselor), youth group director, community service supervisor or current / previous employer.

The applicant is applying to work at Camp ESH, a summer camp for children entering 3rd-10th grade.

In what capacity do you know this applicant? _____.

How long have you known this applicant? _____.

Please check (√) the appropriate categories based on your knowledge of the applicant.
 If you do not have adequate information please check "unknown".

ATTRIBUTES	UNKNOWN	SUPERIOR	ABOVE AVERAGE	AVERAGE	BELOW AVERAGE	POOR
Initiative	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Enthusiasm	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Reliability	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Temperament	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Honesty	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Punctuality	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Emotional Maturity	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Concern for Others	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Acceptance of Supervision	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Physical Stamina	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Insightfulness	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Religious Jewish Observance	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Leadership Ability	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Do you believe this applicant can work well with children? Yes No

Would you entrust your own children to this person? Yes No

Would you employ this applicant in a position working directly with children? Yes No

If no, please explain _____

Additional Comments:

Signature _____ Title _____

Address _____

Phone # () _____ Daytime _____ Evening _____ Date Form Completed ___/___/___

Email: _____

Thank you for your prompt assistance.

We request that you return this form directly to Camp Esh. Please do not Give the form to the applicant.

**Please return to: [Camp ESH](#)
[946 East 9th Street](#)
[Brooklyn, NY 11230](#)**

or

**Confidential fax to: [\(718\) 253-1791](#)
Private e-mail to: paul@campesh.com**