



CONFIDENTIAL REFERENCE FORM

APPLICANT

Print two copies of this document and complete the top portion only. Then give the form to your references to complete and ask them to mail it directly to the address below. Preferred references include teachers, school counselors, employers and/or supervisors.

Name: _____ Position applying for: _____

"I hereby waive my right to view this recommendation. My signature implies my compliance with the completed confidentiality of this recommendation."

Applicant signature: _____ Date: _____

REFERENCE

The person named above has applied for a summer position at Julian Krinsky Camps & Programs. Our residential and day camp staff members work with children 8 to 17 in a range of activities and functions. Your careful evaluation of this applicant will aid greatly in the selection of those candidates best suited for our program. Please keep in mind that the applicant will be working closely with students as a role model, supervisor and mentor.

1. How long have you known the applicant and in what capacity?

2. How would you describe the applicant's ability to communicate?

3. How would you describe the applicant's ability to handle conflict with peers and with supervisors? _____

4. How does the applicant handle feedback and/or coaching? _____

5. How would you describe the applicant's ability to work in a team? _____

6. How well do you feel the applicant would be able to lead and motivate a group of students? Please explain. _____

7. Please list three of the applicant's strengths that would help him/her work well with youth. _____

8. Please list any weakness you feel the applicant might have in working with youth. _____

9. Please describe any reservations or commendation you might have about the applicant working with youth in a camp environment. _____

10. Please provide us with the following information about yourself.

Name: _____

Position: _____ School/Company: _____

Address: _____

Email: _____ Phone: _____

May we contact you with further questions? Yes ___ No ___

Signature: _____ Date: _____

Please send mail or fax completed form to:

Human Resources
Julian Krinsky Camps & Programs
610 South Henderson Road
King of Prussia, PA 19406-3517 USA
Fax: 610-265-3678
Tel: 610-265-9401
Toll Free: 866-TRY-JKCP
Email: StephanieS@jkcp.com