

# REFERENCE QUESTIONNAIRE

Please give this form to someone other than a relative.

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

## PERFORMANCE EVALUATION

Please rate the applicant in the following areas using the scale below.

EXCELLENT 5      VERY GOOD 4      GOOD 3      FAIR 2      Poor 1

Integrity	
Work habits/Organization	
Adaptability/Flexibility	
Attitude	
Relations W/ co-workers	
Leadership	
Responsibility	
Relates well to Children	
Children's Response to Applicant	
Maturity	
Perseverance	

## OBJECTIVE RATING

Under each heading, check the phrase, which most accurately describes the applicant.

**1. Ability to direct and influence others**

- Exceptional leadership qualities  
 Usually successful in leading others  
 Unreliable leadership qualities

**2. Ability to work and cooperate with others**

- Gets along exceptionally in groups-a team player  
 Will cooperate in most circumstances  
 Gives limited cooperation-better suited for solitary work

**3. Ability to relate to and give guidance to children**

- Children naturally get along very well with applicant  
 Children adequately participate  
 Children often ignore instruction

**4. Ability to follow through with job assignments**

- Completes tasks promptly, often does more than expected  
 Completes assignments tasks at own pace  
 Needs constant supervision to complete work

**5. Ability to control emotions**

- Well balanced, good control  
 Average ability to control emotions  
 Frequently irritate, impatient, or depressed

**6. How would you rate the applicant as a role model for children?**

- Excellent  
 Very good  
 Fair     Poor

Would you be willing and completely comfortable leaving your children under the applicant's supervision? Please explain.

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Does the applicant show signs of any behavior, which would cause concern when working with special needs people?

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

In what capacity?

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Do you feel that this applicant would be able to contribute to the Camp Millhouse Program? \_\_\_\_\_

Name of person filling out form \_\_\_\_\_

Phone Number: \_\_\_\_\_ Date: \_\_\_\_\_

Relationship to applicant: \_\_\_\_\_