

E10213 Shady Lane Rd.
Reedsburg, WI 53959
(608) 356-8200

Camp Gray
A Ministry of the Catholic Diocese of Madison

www.campgray.com
bigfun@campgray.com

STAFF REFERENCE FORM

TO THE APPLICANT:

Before giving this form to the recommender (no family members or peer friends, please), please print your name in the space below, read the statement below, and sign in the appropriate space. Please provide the recommender with a stamped envelope addressed to Camp Gray, and have that person send the completed form to us. Hiring decisions can be made only if all references have been received. Thank you!

Applicant statement: I hereby authorize the person completing this recommendation to provide information to Camp Gray, Inc., concerning my competence, ethics, character, and suitability for the position that I am applying for. I understand that the information provided will be held confidential by Camp Gray, Inc., and I waive any right to review this recommendation.

Applicant's name (please print): _____

Applicant's signature: _____ Date: _____

TO THE REFERENCE:

The person named above has applied for a staff position at Camp Gray. We appreciate very much your willingness to give us an honest and frank appraisal of the applicant's suitability for employment here. It is essential that camp staff are positive role models, integritous, enjoy children, can collaborate with other adults, can live in community with others, are flexible, eager learners, and live a Christian life. Thank you for your help in this process. Your recommendation will be held confidential by Camp Gray, Inc.

How long have you known the applicant?: _____ In what capacity?: _____

1) Are you aware of any reason this person should not work with youth ages 6-18? Yes _____ No _____ If yes, please explain:

2) Does this person demonstrate a commitment to living a Christian life? Yes _____ No _____ Feel free to comment:

3) Are you aware of any emotional or chemical dependency problems that may affect this person's job performance?
Yes _____ No _____ If yes, please explain:

4) Would you be willing to leave your own children in the care of this person? Yes _____ No _____ If no, please explain:

Over, Please

Please rate the applicant on the following:

| | Outstanding | Good | Acceptable | Poor | Unknown | <u>Comments</u> |
|-------------------------------------|-------------|------|------------|------|---------|-----------------|
| Emotional Maturity | 1 | 2 | 3 | 4 | 5 | |
| Relationship with Peers | 1 | 2 | 3 | 4 | 5 | |
| Relationship with Children | 1 | 2 | 3 | 4 | 5 | |
| Relationship with Co-workers | 1 | 2 | 3 | 4 | 5 | |
| Relationship with Supervisors | 1 | 2 | 3 | 4 | 5 | |
| Respect for Others | 1 | 2 | 3 | 4 | 5 | |
| Competence in Conflict Resolution | 1 | 2 | 3 | 4 | 5 | |
| Punctuality | 1 | 2 | 3 | 4 | 5 | |
| Attendance | 1 | 2 | 3 | 4 | 5 | |
| Competence in Performance of Duties | 1 | 2 | 3 | 4 | 5 | |
| Honesty/Integrity | 1 | 2 | 3 | 4 | 5 | |
| Creativity | 1 | 2 | 3 | 4 | 5 | |
| Ability to Accept Criticism | 1 | 2 | 3 | 4 | 5 | |
| Leadership Qualities | 1 | 2 | 3 | 4 | 5 | |
| Ability to Cope with Stress | 1 | 2 | 3 | 4 | 5 | |
| Responsibility | 1 | 2 | 3 | 4 | 5 | |

If applicant is a former employee:

Dates of employment: From _____ To _____ Full-time _____ Part-time _____ Seasonal _____

Position(s) held _____

Reason for termination _____

Would you re-employ this person? Yes _____ No _____

Additional comments (attach additional pages, if necessary):

Name of Person Making Recommendation: _____ Signature: _____

Date: _____ Phone number: (day) _____ (eve) _____

Address: _____

Email address: _____

Please return to Jeff and Rebecca Hoeben, Camp Gray, E10213 Shady Lane Rd., Reedsburg, WI 53959

Thank you for your honest feedback!