

## CAMP SMILE COUNSELOR RECOMMENDATION FORM

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

I hereby authorize \_\_\_\_\_ to provide Camp Smile with the information requested. I release him/her from all liability for any damage incurred in the giving of this information.

Signature of Applicant: \_\_\_\_\_

Date: \_\_\_\_\_

The person named above has applied for a summer staff position at Camp Smile and has selected you as a personal reference. Your confidential evaluation is solicited, and we invite you to include a personal note regarding the qualifications of the applicant or any additional information. Please leave blank any questions you feel unqualified to answer. The applicant has given the authorization above you to release this information. Thank you.

How long have you known the applicant? \_\_\_\_\_ In what capacity? \_\_\_\_\_

On a scale of 1 (poor) to 10 (excellent), please rate the applicant in the following areas:

**Attitude** (a reflection of the applicant's disposition toward work and authority figures)

1    2    3    4    5    6    7    8    9    10

**Adaptability** (a reflection of the applicant's ability to adjust to meet new challenges, duties, or responsibilities)

1    2    3    4    5    6    7    8    9    10

**Dependability** (a measure of the applicant's diligence in making effective use of work time)

1    2    3    4    5    6    7    8    9    10

**Industry** (a measure of the applicant's diligence in making effective use of work time)

1    2    3    4    5    6    7    8    9    10

**Quality** (a measure of the applicant's accuracy and thoroughness of workmanship)

1    2    3    4    5    6    7    8    9    10

Please check the box that best describes the applicant in the following areas:

*Leadership Ability:*

- |  |  |
|--|--|
| <input type="checkbox"/> Prefers to follow         | <input type="checkbox"/> Good ability to lead        |
| <input type="checkbox"/> Makes some effort to lead | <input type="checkbox"/> Exceptional ability to lead |

*Emotional Stability*

- |  |  |
|--|--|
| <input type="checkbox"/> Over-responds emotionally | <input type="checkbox"/> Relatively stable       |
| <input type="checkbox"/> Tends to be moody         | <input type="checkbox"/> Balanced and controlled |
| <input type="checkbox"/> Sometimes well-balanced   | <input type="checkbox"/> Well balanced           |

*Personality*

- |  |                                    |
|--|------------------------------------|
| <input type="checkbox"/> Shy and withdrawn | <input type="checkbox"/> Friendly  |
| <input type="checkbox"/> Reserved          | <input type="checkbox"/> Outgoing  |
| <input type="checkbox"/> Quiet             | <input type="checkbox"/> Extrovert |

*Social Interaction*

- |  |   |
|--|---|
| <input type="checkbox"/> Avoided by others   | <input type="checkbox"/> Well-liked       |
| <input type="checkbox"/> Tolerated by others | <input type="checkbox"/> Sought by others |

*On a scale of 1 to 4, please rate the applicant in the following areas:*

1= Superior 2=Above Average 3=Average 4=Deficient

- |                                      |                          |
|--------------------------------------|--------------------------|
| _____ Honesty and personal integrity | _____ Tact               |
| _____ Attitude towards opposite sex  | _____ Courtesy           |
| _____ Ability to work with others    | _____ Judgement          |
| _____ Attitude toward hard work      | _____ Initiative         |
| _____ Ability to make friends        | _____ Punctuality        |
| _____ Personal appearance            | _____ Dependability      |
| _____ Ability to adapt               | _____ Concern for others |

Would you place your child or teenager under the direct care or influence of the applicant? Why or why not?

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Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Position/Organization: \_\_\_\_\_

Email Address: \_\_\_\_\_

Phone: \_\_\_\_\_

**Please mail this Reference Form ASAP to:  
Camp Smile c/o Jane Lyth, 581 Beach Avenue,  
Rochester, NY 14612**