



**LIU POST YOUTH CAMPS – SUMMER DAY CAMP  
REFERENCE FORM – NEW STAFF  
SUMMER 2013**

To be completed by applicant:

Applicants Name: \_\_\_\_\_

Applicants Full Address: \_\_\_\_\_

Position Sought: \_\_\_\_\_

The signature of the applicant below relinquishes his/her right to inspect letters of recommendation and constitutes a waiver. If there is no signature, the applicant will have the right to read the reference.

Applicants Signature: \_\_\_\_\_



To be completed by reference (Please type or print)

The person whose name is listed above has applied for a staff position at LIU Post Youth Camps. The applicant has listed your name as a reference. Please furnish the information below, as well as any additional comments. Thank you for your time.

LIU Post is a co-ed day camp program. Working with children on a day to day basis can be a very challenging, growing and fun experience. Children have great physical and mental needs and sometimes it can get stressful. Therefore it is essential that you consider the applicant's interest and ability to work with children in a demanding situation.

How do you know the applicant?

How long have you known the applicant?

What do you know about this person's ability to work with children?

Do you have any concerns for the applicant working in a stressful situation?

Based on your knowledge of the applicant please check the appropriate column. We appreciate your honesty.

	Excellent	Good	Satisfactory	Poor	Can Not Assess
Relationship with children					
Ability to be a team player					
Relationship with peers					
Cooperation with others					
Ability to accept criticism					
Leadership ability					
Independence (i.e. able to complete task on own)					
Sense of humor					
Personal initiative					
Emotional maturity					
Personality					
Consciousness of safety					
Personal appearance					

Please feel free to write any additional comments that you feel may assist the applicant.

We often make phone calls to have a more personal contact with the reference. Please let us know your phone number and what would be a good time to contact you. Thank you.

Print Name: \_\_\_\_\_ Position: \_\_\_\_\_

Signature: \_\_\_\_\_ Best Time: \_\_\_\_\_

Telephone: \_\_\_\_\_ Best Day: \_\_\_\_\_

**Please return form to:**  
**LIU POST**  
**LIU Post Youth Camps**  
**720 Northern Blvd**  
**Brookville, NY 11548-1300**  
**Or Fax to: 516-299-2363**