



Reference Form

Please do not return this form to the applicant. Mail or fax directly to:

Andrea Gordon
Camp TEKO, Temple Israel
2324 Emerson Avenue South
Minneapolis, MN 55405
Fax: 612-377-6630 Phone: 612-374-0321
agordon@templeisrael.com

Applicant Information *(to be filled out by applicant)*

I, _____, have applied for the position(s) of _____ at Camp TEKO for the summer of 2012. You have my permission to complete this reference form based on your knowledge of my background.

Applicant Signature: _____ Date: _____

Reference Information *(to be filled out by reference)*

The information you provide is confidential and will not be shared with the applicant. Your honesty is appreciated, as we take the safety and well-being of our campers seriously. Thank you very much.

Name of Reference: _____ Date: _____

How long have you known the applicant? _____

In what capacity do you know the applicant? _____

Organization: _____

Address: _____

Phone: _____ Email: _____

Please check the box that best describes your knowledge of the applicant.

	Poor	Below Average	Average	Good	Excellent	N/A
Responsibility						
Ability to get along with others						
Accepts supervision & constructive criticism						
Leadership qualities						
Judaic knowledge						
Maintains a positive attitude						
Judgment						
Professionalism & maturity						
Demonstrates respect for peers/supervisor(s)						
Honesty & trustworthiness						

Describe the applicant's ability to communicate and work with children ages 5-12:

Overall recommendation (please circle): Poor Below Average Average Good Excellent

Additional comments (feel free to use the back of this form):