

Camp Ma-He-Tu

Staff Reference Form

Name of Applicant: _____

Dear Sir or Madam: The applicant named above has applied to work as a camp counselor with youngsters at Camp Ma-He-Tu, an all-girls sleep-away camp in Rockland County, New York. As part of the application process, every applicant must obtain references. As soon as is convenient, please provide us with the information below and return the form directly to us by email (if you have access to a PDF machine) (staff@mahetu.org), fax (603-293-7248 – please call first) or mail to Janet Igoe Paddack, 2 Dock Road, Gilford, NH 03249.

Thank you for your assistance.

Name of person providing this reference (please print): _____

I know the applicant as (employee/student/other – please describe): _____

If you had a daughter at camp, would you be satisfied to have the above-named person responsible for your child’s welfare? (yes/no/unsure – please elaborate, if possible) _____

Why would the above-named person be a good camp counselor? _____

Please rate the applicant’s: excellent good satisfactory unacceptable no basis

Dependability	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Disposition	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Patience	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Leadership Skills	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Resourcefulness	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Attitude Towards Children	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Adaptability	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Signature _____ Date _____

Position/Title _____

Telephone Number _____ Best time to call _____

Email Address _____