



Reference Form 2012

NAME OF JR. LEADER APPLICANT: _____

EVALUATION COMPLETED BY: (NO FAMILY MEMBERS PLEASE)

NAME: _____

ADDRESS: _____

TOWN: _____ STATE: _____ ZIP: _____

DAY PHONE: _____ EVENING PHONE: _____

RELATIONSHIP WITH APPLICANT: _____

HOW MANY YEARS HAVE YOU KNOWN THIS APPLICANT: _____

The above named applicant has applied to be a Jr. Leader volunteering with children ages 4-12. Please rate this applicant on the following factors listed below, using a scale of **0 (lowest) to 5 (highest) or N/A** for any areas not applicable to your relationship with the applicant. At the bottom is a space for you to write any comments clarifying each number you assign. Please feel free to include any other relevant comments or observations not covered by the listed categories. Thank you very much.

- | | |
|----------------------------|--|
| ____ Punctuality | ____ Maturity |
| ____ Organizational Skills | ____ Enthusiasm |
| ____ Morality | ____ Willingness to Help |
| ____ Patience | ____ Control of Younger Children (ages4-8) |
| ____ Positive Role Model | ____ Sense of Humor |
| ____ Rapport with Siblings | ____ Rapport with Children (ages 4-8) |
| ____ Rapport with Peers | ____ Rapport with Authority Figures |
| ____ Honesty | ____ Common Sense |
| | ____ Leadership Skills |

Comments: _____

Signature of Reference _____ Date _____

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