



A special camp for kids with kidney disease

Camp Kydnie Volunteer Staff Reference Form

Applicant Name: _____

Applicant Signature: _____

The person listed above has applied for a resident volunteer staff position. Please help us by completing the following information. The applicant, by signing above, releases you from any liability for completing this reference request truthfully.

Reference

Name: _____ Phone: _____

Address: _____

May we contact you for additional information? _____

In what capacity do/did you know the applicant? _____

How long have you known the applicant? _____

If you employed the applicant, is he/she eligible for rehire? _____

In your opinion, which age group would the applicant interact best with? 6-10__ 10-12__ 13-18__

Please check all that apply:

- _____ I will be returning as a staff member for camp this year.
- _____ I would like to be a cabin leader.
- _____ I would like to remain with the cabin group I was assigned last year.
- _____ I am willing to have my cabin assignment changed.
- _____ I am not be able to attend camp this year, please contact me for the following year.

Please rate the applicant's attributes by marking the appropriate box.

Attributes	Excellent	Very Good	Good	Satisfactory	Needs Improvement
Exercises good judgment					
Aware of others needs					
Role Model					
Enthusiasm					
Leadership					
Initiative					
Integrity					
Responsibility					
Flexibility					
Creativity					