

**YMCA Camp Ockanickon, Inc
Camp Bright Feathers, VOLUNTEER REFERENCE FORM**



Applicants: Please sign the waiver on the reverse side of this form. Give the signed reference form to your reference asking them to fill it out completely and mail it to the address listed on page two of the reference form. Three different references are required. Volunteering will not be offered without three completed references being returned to us on your behalf.

Applicant's Last Name: _____ **First Name:** _____

1. **How well do you know this person?** Acquaintance Only Fairly well Very well

2. **Does the applicant deal well with responsibilities and day to day problems?**

Rarely Sometimes Usually/Almost always

3. **To the best of your knowledge, does the applicant use or abuse drugs or alcohol?** No Yes

4. **Would the applicant conscientiously assume responsibility for guiding a child's growth?**

Might not Sometimes Usually Constantly Don't know

5. **Would you be happy to have this person as your child's counselor?** No Yes Please elaborate:

6. **Do you know of any reason why this person might not serve well on a child-care staff?** No Yes

Please elaborate: _____

The YMCA and Camp Bright Feathers is committed to building character in our staff and the people we serve, specifically the values of Honesty, Caring, Respect and Responsibility. Please comment on the applicant's character relative to:

Honesty: _____

Caring: _____

Respect: _____

Responsibility: _____

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Put an "X" in the box that best rates your opinion. 10 strongly agree through 1 strongly disagree or DNA (do not know).
Based on your experiences with the applicant, you feel that he/she is:

	10	9	8	7	6	5	4	3	2	1	DNA
Willing to cooperate with others											
Alert and shows good judgment											
Emotionally mature for his/her age											
Able to see tasks through to completion											
Neat in personal appearance											
A self-starter and shows initiative											
Caring and patience with children											
Capable of assuming leadership in groups											
Able to follow instructions and procedures											
Able to get along with peers											
Able to accept guidance											
Tactful in relations to others' feelings											
Dependable											

Information about the person providing the reference

Last Name: _____ First Name: _____
 Street Address: _____ City: _____ State: _____ Zip: _____
 Home Phone: (____) _____ Cell Phone: (____) _____
 Best time to contact you: _____
 Employer: _____ Job Title: _____
 Relationship to applicant: _____ Years known applicant: _____
 Reference's Signature: _____ Date _____

Thank you for taking the time to evaluate our applicant. Your insights are highly respected and will be noted. Thank you also for your prompt return of your reference form, as the applicant's request to volunteer cannot be processed further without your response.

Applicant's Waiver

I, the undersigned applicant, do waive my right or review of this recommendation. I understand that the contents are confidential and will not be available to me now or in the future.

Applicant's Signature: _____ Date _____

**Return Reference Form (after completion) to:
 Center for Family Services
 Attn: Barbara Maronski, Camp Director
 108 Somerdale Road
 Voorhees, NJ 08043**