



Camp Counselors Russia Reference Questionnaire

Applicant's Name _____ ID#

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To be completed by referee after reading the reverse side of this form. Because of the important responsibilities in a program involving children, your honest appraisal of the applicant is of the utmost importance. The information you provide is appreciated and will remain confidential. **Family members and peers—please do not complete this form.**

PERFORMANCE EVALUATION

Please check the items for which you have sufficient knowledge about the applicant:

	Excellent	Very Good	Good	Fair	Not Applicable/ Unable to Answer
1. Integrity	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2. Work habits/organization	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3. Adaptability/flexibility	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
4. Attitude	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
5. Relationship with co-workers	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
6. Leadership abilities	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
7. Ability to work in groups	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
8. Responsibility	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
9. Ability to relate to children	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
10. Children's response to applicant	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
11. Maturity	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
12. Perseverance	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

OBJECTIVE RATING

Under each heading, check the phrase which most accurately describes the applicant:

1. Ability to direct and influence others:
 - Exceptional leadership qualities
 - Usually successful in leading others
 - Unreliable leadership qualities
2. Ability to work and cooperate with others:
 - Gets along exceptionally in groups—a team player
 - Will cooperate in most circumstances
 - Gives limited cooperation—better suited to solitary work
3. Ability to relate to and give guidance to children:
 - Children naturally get along very well with applicant
 - Children adequately participate
 - Children often ignore instruction
4. Ability to follow through with job assignments:
 - Completes tasks promptly, often does more than expected
 - Completes assigned tasks at own pace
 - Needs constant supervision to complete work
5. Ability to control emotions:
 - Well balanced, good control
 - Average ability to control emotions
 - Frequently irritated, impatient, or depressed
6. How would you rate the applicant as a role model for children:
 - Excellent
 - Very Good
 - Fair
 - Poor
7. What is your relationship to this person?
 - Teacher
 - Coach/coaches my child
 - Priest/Minister/Rabbi
 - Supervisor
 - Coworker
 - Tutor/tutors my child
 - My child's babysitter
 - Employer
8. How long have you known this applicant? _____
9. Would you be willing and completely comfortable leaving your children under the applicant's supervision? Please explain:

10. Does the applicant show signs of any behavior which you feel would cause a concern when working directly with children?

11. Please comment on the applicant's suitability for this program (Use separate piece of paper if necessary):

You may be contacted by CCUSA or a camp for verification of your reference for this participant.

Name of Referee _____ Signature _____ Date _____
 Address _____ Phone () () _____
COUNTRY CODE / CITY CODE
 Company _____ Position/Title _____
 Email _____ Fax _____

Please return this form to applicant in a sealed envelope at your earliest convenience. Thank you for your evaluation!

