

Camp Scully
PO Box 28
50 Herrick Street
Rensselaer, New York 12144



Tel: 518-283-1617

_____ has applied for a position at Camp Scully and has given your name as a reference. Your reply will be kept strictly confidential. Thank you for your time.

Colin Stewart
Camp Director

How long have you known the applicant? _____ In what capacity? _____

Please check each word if the applicant has the following characteristics:

- | | |
|---|--|
| <input type="checkbox"/> Dependability | <input type="checkbox"/> Responsibility |
| <input type="checkbox"/> Deals w/routine tasks | <input type="checkbox"/> Work ethics |
| <input type="checkbox"/> Emotional stability | <input type="checkbox"/> Professional presentation |
| <input type="checkbox"/> Ability to work w/others | <input type="checkbox"/> Creativity |
| <input type="checkbox"/> Critical judgment | <input type="checkbox"/> Positive attitude |
| <input type="checkbox"/> Appropriate role model | <input type="checkbox"/> Overall maturity |

Applicant's strongest attribute? _____

Chief weakness? _____

Do you feel this applicant has proven the commitment necessary to be selected for this position? _____

Would you hire applicant as a counselor for your child? _____

Please provide additional information concerning the applicant (continue on back, if necessary) that would be of value to us.

Print Name _____ Title _____

Signature _____ Date _____

Phone _____ Email _____

Please mail or fax completed form to:

Colin Stewart,
Camp Scully
PO Box 28
Rensselaer, NY 12144
Fax: 518-621-7845
Email: cstewart@ccalbany.org