



Girl Scouts of Western Ohio
 Maumee Valley Region – Camp Libbey
 28325 State Route 281, Defiance OH 43512
 419-784-5888 or 800-256-1447 Fax: 419-782-9408
www.girlscoutofwesternohio.org



APPLICANT REFERENCE

Applicant's Name: _____ Date: _____

Applying for position as: _____

I authorize the release of all information that this reference may have about me and release them from all liability for doing so. _____

Signature of Applicant

Date

The above-named person has applied for a position at one of the Ohio Girl Scout Camp Alliance camps. Because the applicant will be working closely with children, it is important that we have a clear picture of the applicant's abilities, personality and background. **All information given is confidential.**

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

If past employer, is the individual eligible for rehire? Yes No

Would you employ the applicant for a position of responsibility with children? Yes No

Why, or why not? _____

Please mark the box which best represents the qualities that you have observed in the applicant. Comments can be given in the space provided. References which list all excellent ratings will generally be disregarded unless thorough justification is given under comments. If additional space is needed for your comments, please list them on the next page.

	Poor	Fair	Average	Good	Excellent	NA	Comments
Initiative							
Self Confidence							
Cooperativeness							
Honesty							
Leadership Ability							
Enthusiasm/Energy							
Reliability/Dependability							
Resourcefulness/Creativity							
Verbal Communication Skills							
Ability to Accept Criticism							
Flexibility							
Punctuality							

1. When and where have you observed the applicant working with children? _____

2. Would you be comfortable having applicant as a mentor to your own child? _____

3. In your opinion, is this person suitable to work in a camp setting with children? _____

Any additional comments: _____

Thank you for your time in completing this form. This applicant will not be considered until all references have been received. **PLEASE RETURN TO THE ADDRESS BELOW AS SOON AS POSSIBLE.**

Your name _____ Occupation _____

Address _____ City _____ State _____ Zip _____

Phone # _____ (_____) _____

If we have any additional questions, may we contact you? Yes No Best time to call: _____

Signature of Reference _____ Date _____

RETURN TO: Camp Libbey, Attn: Camp Administrator, 28325 State Route 281, Defiance, OH 43512
FAX: 419-782-9408 or E-mail clibbey@mvgsc.org