Congregation Agudath Israel Early Childhood Center Camp Counselor Reference Form

Applicant's Name						
The applicant above is appl Childhood Center Camp. The iability in connection with a nswers are complete and	ne applicant ha your providing	s listed you as this information	a reference a on to us. You	and has signe	d a release fr	om
Please complete this form a responses will be kept conf completed form to: Ashley	idential within	the decision-n	naking group	at Agudath.	Please return	•
our name						
our address						
our phone Number			Your email			
How long and in what capa	city have you l	known the appl	icant?			
Nould you recommend this Yes No Nhy? Please rate the applicant in				rith 2, 3 and 4	year old chi	ldren?
rease rate the applicant in						
	Excellent	Very Good	Good	Fall	Poor	Observed
Dependability						
Flexibility						
Enthusiasm						
Emotional Maturity						
Communication Skills						
Willingness to accept constructive criticism						
Signature			D	oate		