



Mount Desert Island

**An Equal Opportunity  
Employer**

## Reference Form

PO Box 381, Mount Desert, ME 04660  
Phone: (207) 244-0365  
Fax: (207) 244-3355  
www.campbeechcliff.org

*Three references must be submitted. Complete the first section of this form, then present it to your reference. Since this information is confidential, the completed form should be sent directly to Camp Beech Cliff.*

<b>Applicant's Name:</b> _____	<b>Camp Position Desired:</b> _____
<b>Name of Reference:</b> _____	<b>Job Title:</b> _____
<b>Company/Organization Name:</b> _____	
<b>Mailing Address of Reference:</b> _____	
<b>Email:</b> _____	<b>Phone:</b> _____

Dates of Applicant's Employment: \_\_\_\_\_ Position: \_\_\_\_\_

OR, if not employer, how long have you known this individual? \_\_\_\_\_

- In what capacity do you know this individual (*as his/her supervisor, teacher, coach, etc.*)?
- How would you evaluate the applicant's performance? dependability?
- How well did the candidate work with his/her co-workers?
- How would you describe the applicant's ability to be responsible and work independently?
- To the extent you know, please tell us about the applicant's interaction with children.
- Would you rehire this individual again?

**Please return this form to Camp Beech Cliff, PO Box 381, Mount Desert, ME 04660 or via email to  
kevin@campbeechcliff.org**