



Reference Form

Mount Desert Island, Maine

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

**An Equal Opportunity
Employer**

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

TO BE COMPLETED BY APPLICANT:

Applicant's Name: _____

Camp Position Desired: _____

Name of Reference: _____

Job Title: _____

Company/Organization Name: _____

Mailing Address: _____

Email: _____

Phone: _____

TO BE COMPLETED BY REFERENCE:

Dates of Applicant's Employment/Service: _____

Position: _____

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

1. In what capacity do you know this individual (*as his/her supervisor, teacher, coach, etc.*)?

2. How would you evaluate the applicant's performance? dependability?

3. How well did the candidate work with his/her co-workers?

4. How would you describe the applicant's ability to be responsible and work independently?

5. To the extent you know, please tell us about the applicant's interaction with children.

6. 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 sylvie@campbeechcliff.org**