



# Camp Shelanu

A place where friendships are made

**Congregation B'nai Israel**  
3600 Riverside Blvd.  
Sacramento, CA 95818  
916-446-4861

## Request for Letter of Reference

To be completed by the Applicant:

Applicant's Name: \_\_\_\_\_

Position applied for: \_\_\_\_\_

The above applicant is applying to be a staff member at Camp Shelanu, a day camp program for this coming summer. The applicant has selected you to be one of their references. We consider references to be an important factor in determining an applicant's suitability for involvement in our camp. Please complete the questions below and return this form as soon as possible by mail or fax to Camp Shelanu at the address listed at the end of this reference form. Please note that the applicant's application will not be considered complete without this reference letter.

In what capacity do you know the applicant? \_\_\_\_\_ For how long? \_\_\_\_\_

Please share adjectives which describe qualities of this applicant: \_\_\_\_\_

\_\_\_\_\_

Please share any personal issues which might limit this applicant's ability to work at a day camp: \_\_\_\_\_

\_\_\_\_\_

How does the applicant interact with friends, coworkers, supervisors, teachers, etc.? \_\_\_\_\_

\_\_\_\_\_

Have you ever observed the applicant interacting with children? \_\_\_\_\_ Is yes, please describe the applicant's ability to interact with children? \_\_\_\_\_

\_\_\_\_\_

Would you recommend the applicant for a position at Camp Shelanu? \_\_\_\_\_ Why? \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Please rate those categories below that pertain to your knowledge of the applicant.

	Excellent	Good	Average	Poor	No Knowledge
Ability to accept supervision	_____	_____	_____	_____	_____
Ability to give supervision	_____	_____	_____	_____	_____
Ability to function in a team	_____	_____	_____	_____	_____
Ability to work with children	_____	_____	_____	_____	_____
Appearance/Manners	_____	_____	_____	_____	_____
Capacity to learn from experience	_____	_____	_____	_____	_____
Honesty	_____	_____	_____	_____	_____
Initiative	_____	_____	_____	_____	_____
Judgment	_____	_____	_____	_____	_____
Leadership	_____	_____	_____	_____	_____
Maturity	_____	_____	_____	_____	_____
Patience	_____	_____	_____	_____	_____
Responsibility	_____	_____	_____	_____	_____

Please list your personal opinion of the applicant's character and abilities. We appreciate your honest assessment of his/her capacity to work in an environment that will provide the most outstanding summer camping experience for children.

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Is there anything else you think is important for us to know about this applicant? \_\_\_\_\_

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Please circle the number that corresponds to your overall assessment of this applicant and his/her potential to excel as a member of our Camp Shelanu staff.

Poor   1   2   3   4   5   6   7   8   9   10   Excellent

Signature: \_\_\_\_\_ Print Name: \_\_\_\_\_

Organization/Title: \_\_\_\_\_

Phone: \_\_\_\_\_ Address: \_\_\_\_\_

**Thank you!**

Please send the completed reference form to Camp Shelanu by **April 20, 2010**:

**CBI - Camp Shelanu**  
3600 Riverside Blvd.  
Sacramento, CA 95818  
fax: 916- 446-2875