

Applicant Reference Request	
Print Name:	
Applying for the Position of	

Circle one: Program/Food Service/Office/Facilities

I authorize all persons, public agencies, courts, schools, employer companies, and corporations to supply verification of the information provided in my application to Camp Como, as well as evaluation of my prior performances, and I release them, including specifically the person and/or organization named below, from any and all liability from their doing so.

The above person has applied for a summer position with Camp Como and has listed you as a reference. Since we hope to serve over 3,000 campers this summer, it is important that we have very strong, committed people working with us. Please take a few minutes to answer the following questions and return this form to us on or before February 21, 2020. Your input is greatly appreciated. Thank you.

Please circle the number where you feel the applicant is best described. 1 being the least and 6 being the greatest. 7 for not observed. Please add comments that you feel would add additional insight.

17 Not reliable Very reliable Not Observed Additional Comments: 2. How mature do you consider the applicant to be? 1 2 3 4 5	
2. How mature do you consider the applicant to be? 1234567 Very immature Very mature Not Observed Additional Comments: 3. Does the applicant work well with others? 1234567 Not a Team Player Team Player Not Observed Additional Comments:	
1234567 Very immature Very mature Not Observed Additional Comments: 3. Does the applicant work well with others? 1234567 Not a Team Player Not Observed Additional Comments:	
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7 Very immature Very mature Not Observed Additional Comments: 3. Does the applicant work well with others? 1234567 Not a Team Player Team Player Not Observed Additional Comments:	
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1234567 Not a Team Player Not Observed Additional Comments:	
1234567 Not a Team Player Not Observed Additional Comments:	
7 Not a Team Player Team Player Not Observed Additional Comments:	
7 Not a Team Player Team Player Not Observed Additional Comments:	
4. How would you assess the applicant's Christian faith?	
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123456_	
7 Inactive faith Strong, Active Faith Not Observed	
Additional Comments:	
5. Does the applicant work well with children?	
123456_ 7 Uncomfortable with Children Works well with children Not Observed	

6. How wo	uld you describe	e the applicant's p	ersonality?		
1	2	3	4	5	6
		ert Not Observed			
Additional	Comments:				
7. Is the ap	pplicant the type	of person with w	hom you would tr	ust with your owr	n children?
1	22	3	4	5	6
	IO Definitely N				
Additional	Comments:				
8. What is	your relationshi	p with the applica	nt and how long h	ave you known th	nem?
	ld like to add an ocess, please do		nts that you feel m	ight be helpful in	our decision-

Reference signature:
Please print name:
ricuse print nume.
A 1.1
Address:
City, State, Zip:
Telephone:
Please return by January 24, 2020 to ensure your candidate receives consideration.
Trease retain by surroury 21, 2020 to ensure your cumulate receives consideration.
Return to: Camp Como P.O. Box 36 Como, CO 80432 or E-mail: staff@campcomo.com

Phone: 719-836-2382 Fax: 719-836-0461