

NH 4-H CAMPS CONFIDENTIAL REFERENCE QUESTIONNAIRE

Applicant's Name _____

Reference's Name _____

Check box if you **DO NOT** wish to provide a reference for this person.

Sign, Date and Return to the address on the back. Thank you for your consideration.

Signature

Date

Personal Contact Information

Best Time to Call

Daytime _____ a.m. / p.m. Evening _____ a.m. / p.m.

Cell _____ a.m. / p.m. E-Mail _____

Circle or Check All That Apply For Each Question

1. What is the nature of your relationship with this applicant?

Employer Clergy Neighbor Family Friend Counselor
Teacher Co-Worker Other: _____

2. How Long have you known the applicant? _____

3. How well do you know the applicant? Very Well Fairly Well Somewhat Not Well

4. Please give your opinion of the applicant in the following areas. Use a scale of 1 - 5, with 5 being the highest rating.

___ Ability/desire to work with youth	___ Initiative	___ Social Skills
___ Ability to work with adults	___ Inclusive of all people	___ Compassionate
___ Responsible	___ Non-Judgmental	___ Dependable
___ Follow through on commitments	___ Cooperative	___ Flexible
___ Respectful	___ Integrity	___ Willingness

5. Please comment on any of the above abilities, using specific examples when possible.

6. Due to safety issues, rules and guidelines must be followed in NH 4-H Camps. Please comment on the applicant's ability and willingness to operate within a structured program.

7. We work with youth and adults of varied background and lifestyles. How would you rate this applicant's ability to be objective and non-judgmental working with a diverse population?

___ Very accepting
___ Somewhat bothered by lifestyles or values different from own
___ Critical of others who live or act differently from own
___ Don't know

8. If you are aware of any limitations that would make this person an unsuitable applicant to work, live and play with youth, please describe them.

9. Would you be comfortable having your child or children you know under the guidance, supervision and 24 hour care of this person?

___ Yes ___ No

If No, please explain: _____

10. To the best of your knowledge, has this person ever been convicted or had a history of:

	Yes	No
Child abuse or neglect	___	___
Drug Abuse	___	___
Alcohol Abuse	___	___
Driving Violations	___	___
Any other Crime	___	___

11. Please feel free to add any other comments.

Signature

Date

Printed Name and Address: _____

If you have any questions, please do not hesitate to contact NH 4-H Camps at 603-862-2184 or 4hcamps@unh.edu. UNH Cooperative Extension is an equal opportunity educator and employer. Thank you for your time and effort.

<p>Please Complete and mail to this address: NH 4-H Camps Moiles House, 180 Main Street Durham, NH 03824</p>
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Do not write below this line - For Office Use Only

Date Received _____ Date Confirmed: _____

Initials: _____

Comments _____

