



Kippewa for Girls
15 Myrtle Ave
Westford, MA 01886

Fax: 207-933-2996

CAMP KIPPEWA FOR GIRLS STAFF REFERENCE FORM

Applicant's Name: _____ Date of Reference: _____

Your Name: _____ Your Email Address: _____

Phone Number: _____ Best Time to be reached: _____

How long and in what capacity have you have known the applicant?

How would you characterize his/her moral character (integrity, honesty, values, etc.)?

In your opinion, would this person be a great role model for girls ages 7-15?

Is this person's maturity on par with his/her peers? How does he/she communicate with others?

How would you describe his/her ability to handle stress? Conflict?

What would you consider to be a stand-out strength for this person?

What is one area in which you would like to see some growth or development?

Considering the applicant will be working with children, please add any additional comments of support or caution. (In particular, we would like to know about – and would hold in the strictest confidence – any concerns you may have regarding his/her appropriateness with children, history of illegal or destructive behavior, or possible abuse of alcohol or drugs.)