



MN NATIONAL GUARD YOUTH CAMPS

Reference Form

211 North McCarrons Blvd. Roseville, MN 55113 • Phone: 763-670-1251 • Fax: 651-558-2340

Applicant's Full Name (print please): _____

Instructions:

Camp Applicant: Please fill in your name above, and give a copy of this form to three (3) references. Please do not use family members.

Applicant's Reference: The above individual is volunteering for a position with the Minnesota National Guard Youth Camp. As part of the Youth Staff, it is very important that each individual demonstrates a mature attitude toward leadership and a responsible concern for the safety and welfare of the children in our care. Please rate this person as accurately and honestly as possible. Your responses will be kept confidential. Send your form to: MN National Guard Youth Camps, 211 North McCarrons Blvd. Roseville, MN 55113 by June 30th.

Thank You!

PERSONAL REFERENCE

Please rate the individual on the items below:	Excel- lent	Very Good	Good	Fair	Poor	No Info
LEADERSHIP: Easily takes on the role of a leader and motivates others.						
RESPONSIBILITY: Capable of making decisions that reflect good judgment.						
DEPENDABILITY: Completes work with minimal supervision safely and in a timely manner.						
INTEGRITY: Displays convictions to a positive set of values.						
MATURITY: Exhibits a positive attitude when dealing with interpersonal relationships.						
FLEXIBILITY: Adapts to new assignments quickly and easily.						
COOPERATIVE: Shows willingness to work as a team member.						
STRESS: Tolerates emotional and stressful situations with clear thinking and confidence.						
CRITICISM: Responds openly and positively to feedback.						



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NARRATIVE COMMENTS:

Please comment on the applicant's suitability and readiness to work as youth leader.

Are you aware of any emotional or chemical dependency problems that may affect this individual's job performance?

NO YES

Explain if answered YES: _____

How long have you known the applicant? _____

What is your relationship to the applicant?

FRIEND _____ EMPLOYER _____ RELATIVE _____ OTHER _____

YOUR NAME: _____ TITLE: _____

ORGANIZATION: _____ PHONE: _____

ADDRESS: _____
Street City State Zip

SIGNATURE: _____ DATE: _____

Thank you for your time and cooperation