



**RETURN THIS REFERENCE TO:**  
**The Barton Center for Diabetes Education, Inc.**  
Summer Camp Application  
30 Ennis Road, P.O. Box 356, North Oxford, MA 01537  
Tel: (508) 987-2056  
www.bartoncenter.org

## 2021 SUMMER STAFF REFERENCE FORM

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

Clara Barton Camp    Camp Joslin    Day Camp    VT Overnight Camp    Adventure    Health Care

The Barton Center operates resident camps, day camp, and adventure programs for children with diabetes. The above person has applied for a summer staff position. Please help us by taking a few moments to fill out the following information.

How long have you known this applicant? \_\_\_\_\_ In what capacity? \_\_\_\_\_

If the applicant was employed by you, is she/he eligible for re-hire? YES / NO  
Why? \_\_\_\_\_

**On a scale from 1 to 5 (1=poor, 5=superior) please rate the applicant in the following areas and add additional comments where they apply:**

**Judgment**     \_\_\_\_\_ Comments: \_\_\_\_\_

**Creativity**     \_\_\_\_\_ Comments: \_\_\_\_\_

**Role Modeling**     \_\_\_\_\_ Comments: \_\_\_\_\_

**Dependability**     \_\_\_\_\_ Comments: \_\_\_\_\_

**Enthusiasm**     \_\_\_\_\_ Comments: \_\_\_\_\_

**Self Confidence**     \_\_\_\_\_ Comments: \_\_\_\_\_

**Initiative**     \_\_\_\_\_ Comments: \_\_\_\_\_

**Responsibility**     \_\_\_\_\_ Comments: \_\_\_\_\_

**Flexibility**     \_\_\_\_\_ Comments: \_\_\_\_\_

**Common Sense**     \_\_\_\_\_ Comments: \_\_\_\_\_

**Communication**     \_\_\_\_\_ Comments: \_\_\_\_\_

**Attitude**     \_\_\_\_\_ Comments: \_\_\_\_\_

If you were sending your child to camp, would you feel comfortable leaving your child in the care of this person?      Yes              No

---

---

---

Please comment on the applicant's strengths which may benefit his/her work in a camp environment.

---

---

---

Please comment on an area where the applicant could or is working to improve his/her performance.

---

---

---

Please provide us with additional comments on this applicant (Personality, Emotional Stability, Social Skills).

---

---

---

Signed: \_\_\_\_\_ Name (print): \_\_\_\_\_

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

Telephone: \_\_\_\_\_ E-mail: \_\_\_\_\_

May we contact you for further information? YES / NO

**THANK YOU!**