



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

2025 SUMMER STAFF REFERENCE FORM

Applicant's Name: _____

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

The Barton Center operates resident camps and day camps for children with type one 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!