



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

2026 SUMMER STAFF REFERENCE FORM

Applicant's Name: _____

Clara Barton Camp Camp Joslin Day Camp VT 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!