



Helping Kids with Physical Disabilities Succeed

Dear _____
(Referee's Name)

I have applied for summer employment at one of the Easter Seals residential summer camps as a _____
(position applied for)

I am requesting that you provide Easter Seals Ontario with a reference for me. Please complete the reverse side of this letter and return it to Easter Seals Ontario Recreation Department at the address or fax number on this page. The information you provide will be kept **strictly confidential**. I also release you and your organization from any legal liability in making such statements.

I would appreciate your prompt attention in completing this reference, as my application will not be considered until Easter Seals Ontario receives your completed reference form.

THANK YOU FOR YOUR TIME!

Sincerely,

(Signature of applicant)

(Date)

(Applicant's name – please print)

Note: The applicant's signature on this form authorizes you to release information about the applicant to Easter Seals Ontario.

REFERENCE FORM

Applicant's Full Name: _____

CRITERIA	Excellent	Good	Fair	Poor	Unable to Comment	COMMENTS
Relationship with children/youth	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Leadership Skills	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Ability to be a team player	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Ability to accept responsibility	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Emotional maturity and stability	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Enthusiasm	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Honesty	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Relationship with peers/co-workers	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Acceptance of guidance and supervision	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Relationship with supervisors	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Ability to follow rules and policies	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	

How many years have you known this applicant? _____ years or _____ months (approximately)

In what capacity have you been able to assess the applicant in the areas listed above? _____

Would you rehire this individual? Yes No Why not? _____

Please indicate your level of confidence in this applicant, as they would be working closely with children and teens with physical disabilities in a residential, team-based environment.

Confident Apprehensive/Not sure Would recommend not hiring

My signature below indicates this reference to be accurate and truthful and that I am willing to be contacted to discuss the candidate.

Name: _____ Date: _____

Signature: _____ Phone #: () _____

Please feel free to add additional comments on a separate sheet.