



Wyckoff Family YMCA  
Camp Wydaca

**Reference Questionnaire**

Applicant \_\_\_\_\_ Position Applied for \_\_\_\_\_

This person has given your name as a reference who could evaluate his/her past performance as well as potential for succeeding in this position. Please give careful consideration to the questions below. Your prompt attention to this questionnaire is much appreciated since we are unable to consider this applicant until we have received the required references. Should you prefer to contact us directly, please feel free to do so.

Camp Wydaca is seeking the most committed and capable applicants. Please provide an accurate description of the applicant's character and skills. Keep in mind that only the truly exceptional individual will rank highly in all categories.

1. How well is the applicant to direct and influence others along definitive lines of action?

Top 1%	Top 10%	Top 25%	Top 50%	Lower 50%

Example or Comments \_\_\_\_\_  
\_\_\_\_\_

2. How well does the applicant work as a member of a group?

Top 1%	Top 10%	Top 25%	Top 50%	Lower 50%

Example or Comments \_\_\_\_\_  
\_\_\_\_\_

3. How does the applicant react to suggestions or criticisms by others?

Top 1%	Top 10%	Top 25%	Top 50%	Lower 50%

Example or Comments \_\_\_\_\_  
\_\_\_\_\_

4. How well is applicant able to competently complete projects on his/her own?

Top 1%	Top 10%	Top 25%	Top 50%	Lower 50%

Example or Comments \_\_\_\_\_  
\_\_\_\_\_

**We build strong kids, strong families, strong communities.**

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5. How well does individual put his/her principles and convictions into action?

Top 1%	Top 10%	Top 25%	Top 50%	Lower 50%

Example or Comments \_\_\_\_\_

6. How well does applicant control his/her emotions?

Top 1%	Top 10%	Top 25%	Top 50%	Lower 50%

Example or Comments \_\_\_\_\_

**Narrative Report**

In what capacity have you known this individual? For how long? \_\_\_\_\_

Why would you be willing to have your children under this individual's leadership during one of Camp's two week sessions? \_\_\_\_\_

What would you rate as this person's greatest assets to children in a camp program? \_\_\_\_\_

What are your reservations about this person's character or ability to work successfully with children and fellow staff? \_\_\_\_\_

May we call for further information if necessary?        \_\_\_\_\_ Yes        \_\_\_\_\_ No

Name (please print) \_\_\_\_\_

Address \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_ Phone \_\_\_\_\_

Signature \_\_\_\_\_

**Please return this form to:**

**Wyckoff Family YMCA  
691 Wyckoff Ave  
Wyckoff, NJ 07481**

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