

Name of Applicant_

Camp SMILE—UCP of Mobile 3058 Dauphin Square Connector Mobile, AL 36607

Ph: 251/479-4900 / fax: 251/479-4998

www.campsmilemobile.com

The above named individual has applied to volunteer at Camp SMILE 2019.

Matrisza Alvarez, Camp Director malvarez@ucpmobile.org

REFERENCE INFORMATION

disabilities. Often who have the skill without limits. We	, the work can be bo s and sensitivity nee e thank you for your	camping program for coth physically and emot ded to assist our campor time and consideration Alvarez, Camp Direct	ionally ders in hav	emandin ing a fur deting th	g. We and a second seco	are looking amping ence eval	ng for vol adventur	lunteers e	
Check one rating in knowledge, using t		ssess the following qua	lities of the	he applic	cant to th	ne extent	of your		
A=Excellent	B=Good	C= Average	D= Poor		DK= Don't Know				
				Α	В	С	D	DΚ	
Maturity & Judg	gment								
Decision-makin	g abilities								
Emotional Stabi	lity								
Physical Stamin	a								
Communication	skills								
Dependability									
Attitude toward	differences in peopl	le							
Ability to put oth	ners' needs before th	eir own							
Ability to work t	hrough stressful situ	ations							
Ability to relate	to and work with ch	nildren							
Ability to relate	to and work with ad	ults							
Ability to relate	to and work with pe	ers							
Accepts direction	n in work								
Demonstrate lead	dership in group situ	ations							
	e:								
		Email:							
Signature of Reference				Date					

Please answer the questions below as completely and accurately as possible.

How long and in what capacity have you know this person?					
Would you consider the applicant suitable for supervising children and youth for extended periods of time in a close community living situation?					
If given the opportunity, would you hire this person to watch your own children? Please explain.					
What do you know about the applicant that makes him/her special?					
Additional Comments:					
Printed Name					
Signature					