

Camp Winnebago
19708 Camp Winnebago Road
Caledonia MN 55921
Phone (507) 724-2351
Fax (507) 724-3786

I give my permission for you to release any information Camp Winnebago deems necessary for the purpose of evaluating me for possible employment.

(Date)

(Signature of Applicant)

REFERENCE FOR EMPLOYMENT

_____ is applying for a summer position at Camp Winnebago.

Camp Winnebago serves children and adults with developmental disabilities. Staff members must be exceptionally caring and hard-working individuals, willing to make a total commitment to the camp's program and campers. Since our staff members are entrusted with campers' health and safety, it is imperative you provide an honest response to this inquiry. Please feel free to substitute or add your own evaluation form or personal letter to the format below. Thank you for your assistance.

How long have you known this applicant? _____
In what capacity _____

Using the scale below please rate the applicant.

	5-Excellent	4-Good	3-Average	2-Fair	1-Poor	0-Don't know
Common Sense/Mature Judgment	5	4	3	2	1	0
Reliability/Dependability	5	4	3	2	1	0
Leadership Ability	5	4	3	2	1	0
Adaptability/Willingness to Learn	5	4	3	2	1	0
Ability to Follow Directions	5	4	3	2	1	0
Accepts correction and/or constructive criticism	5	4	3	2	1	0
Accepts responsibility/Shows initiative	5	4	3	2	1	0
General Attitude and Personality	5	4	3	2	1	0

Please make any additional comments you think might be helpful in determining whether this applicant has the necessary qualifications to work with individuals with special needs

Please complete the following section if you are a current or previous employer of the individual applying for employment at Camp Winnebago. The Minnesota Legislature enacted a law as of August 1, 1986, Chapter 372, which requires employers of persons involved with professional treatment, assessment, or counseling of individuals with a mental or emotional illness, symptom, or condition to make inquiries to former employers.

1. As a former or current employer, have you observed applicant as a care provider for a child or an adult with or without a disability?

Yes _____ No _____ (if no skip question #2)

2. If you answered, "yes" to the previous question, has the applicant, to your knowledge ever engaged in sexual contact with clients or former clients. (Sexual contact, as defined by Chapter 372, is broad and includes all sexual acts, whether mutually agreed to or not, including kissing, touching, in any way of sexually sensitive areas of the body).

Yes _____ No _____

If yes please describe: _____

Signature of Reference _____ Date _____
Name of Reference (please print) _____
Position/Title _____ Agency/Organization _____
Phone() _____
Address _____
City/State/Zip _____

May we contact you for further information? Yes _____ No _____

Please return this form directly to

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