



# Best Summer Ever

**Return to:** Paula Elggren

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## CONFIDENTIAL REFERENCE

**Applicant's Name:** \_\_\_\_\_

The above has applied to participation in The Best Summer Ever Program. Your evaluation of their ability to participate is appreciated. Please send the completed form to the Coordinator listed above. All information is confidential. *Thank you for providing this reference.*

**Interpersonal Relations:** As you observe this applicant in relation to other people, is he/she usually:

### Comments

- |                   |                              |                             |
|-------------------|------------------------------|-----------------------------|
| Cooperative       | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| Accepts Authority | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| Respectful        | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| Outgoing          | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| Positive Attitude | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| Flexible          | <input type="checkbox"/> Yes | <input type="checkbox"/> No |

**How does the applicant react to:**

Physical discomfort: \_\_\_\_\_

Stress/Pressure: \_\_\_\_\_

Sudden changes in schedule: \_\_\_\_\_

Awkward and embarrassing situations: \_\_\_\_\_

**In comparison with others, how would you rate the applicant in the following areas:**

	Below Avg	Avg	Above Avg	Top 10%
Emotional maturity .....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Leadership .....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Enthusiasm/Energy .....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Self-Confidence .....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Sense of Humor .....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Handling Emergencies .....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

**How long have you known this applicant?** \_\_\_\_\_ **Do you recommend this applicant for participation?** ( ) Yes ( ) No

Signature \_\_\_\_\_ Date \_\_\_\_\_

Telephone (\_\_\_\_) \_\_\_\_\_ Connection to Applicant \_\_\_\_\_