

Do you believe this applicant can work well with children? Yes____ No____

Would you entrust your own children to this person? Yes____ No____

Would you employ this applicant in a position working directly with children? Yes____ No____

If no, please explain:

May we contact you for additional information? Yes____ No____

Additional Comments:

Signature_____ Title_____

Address_____

Phone # () _____ Daytime____ Evening____ Date Form Completed ___/___/___

Email:_____

Thank you for your prompt assistance.

Please return to:

**Camp Shoshanim
21 Plymouth Street
Fairfield, NJ 07004**