

The Max and Marion Caldwell Foundation

Application deadline is July 1st

Applicant's Name _____

I hereby authorize The Max and Marion Caldwell Foundation to conduct an investigation of my background. I release from all liability or responsibility The Max and Marion Caldwell Foundation, its officers and employees, and all persons who supply information in connection with such investigation.

To the Applicant: Please pass this reference form to 3 people who know you well.

To the referee: The above applicant has applied for:

*The Max and Marion Caldwell Foundation
"Caldwell's Camp Counselor Education Grant"*

This grant awards \$1,000 toward college tuition for a different camp counselor each year. It was created to thank camp counselors for their dedication to campers and the camp industry.

The camp counselor must have worked at an ACA-accredited summer camp in Northern California for 3 summers or have completed 2 summers and be hired for the 3rd. The candidate must have worked as a counselor at least two of the three years and have the recommendation of the camp's director. The grant will be awarded directly to the educational institution of the recipient's choosing within 12 months.

This applicant has named you as a person ready and willing to make an evaluation of his/her character and skills. Please complete the following form and respond

*To the best of your ability, please give us **your opinion** of the applicant in the following areas by circling the appropriate rating. 1 is poor, 5 is excellent.*

<i>Ability to work with children</i>	<i>1</i>	<i>2</i>	<i>3</i>	<i>4</i>	<i>5</i>
<i>Honesty</i>	<i>1</i>	<i>2</i>	<i>3</i>	<i>4</i>	<i>5</i>
<i>Motivation</i>	<i>1</i>	<i>2</i>	<i>3</i>	<i>4</i>	<i>5</i>
<i>Leadership skills</i>	<i>1</i>	<i>2</i>	<i>3</i>	<i>4</i>	<i>5</i>
<i>Maturity</i>	<i>1</i>	<i>2</i>	<i>3</i>	<i>4</i>	<i>5</i>
<i>Willingness to follow rules</i>	<i>1</i>	<i>2</i>	<i>3</i>	<i>4</i>	<i>5</i>
<i>Responsibility</i>	<i>1</i>	<i>2</i>	<i>3</i>	<i>4</i>	<i>5</i>
<i>Relationships with peer group</i>	<i>1</i>	<i>2</i>	<i>3</i>	<i>4</i>	<i>5</i>

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In which of the following settings have your observations of this person been made?

Indicate all that apply:

- Social/Family settings*
- Educational*
- Work/employment*
- Sporting/coaching*

I consider this person to have:

- Good control of emotions*
- Average control of emotions*
- A quick temper, and easily irritated*

If you had to leave your children with this person for up to 4 weeks would you feel:

- Very Comfortable*
- Comfortable*
- Slightly uneasy*
- Very uneasy/would not leave.*

When relating to supervisors, this person:

- Is always cooperative and deals well with supervisors.*
- Often questions authority but will follow through on assignments.*
- Dislikes authority and supervision*

When I see this person around children I notice that he/she is:

- Very confident, easy going*
- A little nervous but comfortable*
- Very nervous and awkward*

Please use 3-4 words to complete the following sentence:

I would recommend this person for this grant because he/she is: _____

How does this applicant make a difference in children's lives? _____

Why does this applicant deserve a grant based on his/her dedication to children and camp?

This individual must have worked for an ACA-accredited camp in Northern California for two summers with at least one of those years as a counselor and be hired for this summer. To the best of your knowledge, does this applicant satisfy this requirement?

For the Camp Director referee only:

Which camp do you represent? _____

What summers did this applicant work for you and which positions did he/she hold? _____

Why should this applicant receive this grant, over other camp counselors? _____

To the referee: Thank you for your honest evaluation of the applicant. Please complete the following personal information. **Please print clearly.**

Your Name: _____

Telephone: _____

Address: _____

Email: _____

Company/Position: (Enclose business card if possible) _____

Relationship to applicant: _____

Signature: _____

Please return this form to:
The Max and Marion Caldwell Foundation
PO Box 1653
Capitola, CA 95010

