CIVITAN FOUNDATION

CAMP CIVITAN
Promoting Lifelong Fun Adventures for the Developmentally Disabled Since 1968

Reference Request
(Must submit 3 completed forms)

This reference request should be provided to a person who has personal knowledge about your employment history, education or character. References cannot be from family members. Please fill in your name below and give to your reference. Please return this form at the time of your interview.

Applicant Last Name	Applicant First Name	Applicant Middle Initial

Person Providing Reference

Please complete the questions listed below keeping in mind that Home and Community Based Services may be performed unsupervised with people with developmental disabilities. Your time and effort in completing this form are appreciated. Strict confidence in regard to your responses will be observed within the provisions of the law.

Last Name First Name Middle Initial	Daytime Phone # ( )
Street Address	Evening Phone # ( )
City/State/Zip Code	How long have you known applicant? Years _____ Months _____
Type of acquaintance (circle all that apply) Supervised applicant Worked with applicant Friend Neighbor Other: _____	If this person was an employee, would you rehire? Yes or No

Indicate your feelings on how you believe the applicant will relate to individuals with developmental disabilities. Describe your knowledge of any characteristics and/or special training/education the applicant may have working with these individuals. _____

_____

_____

_____

Indicate if you have any reason that the applicant would not be suited to provide services to individuals with disabilities. _____

_____

Additional comments: _____

_____

Signature: _____ Date: _____

FOR OFFICE USE ONLY

Interviewed by phone? Yes or No	Date:	Interviewer Name:	Interviewer Signature: