

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 _____

Additional Comments:

Signature _____ Title _____

Address _____

Phone # () _____ Daytime _____ Evening _____ Date Form Completed ___/___/___

Email: _____ Work Home

Thank you for your prompt assistance.

Please return to: **Camp Neshor[®]**
21 Plymouth Street
Fairfield, NJ 07004