



Camp SMILE—UCP of Mobile
 3058 Dauphin Square Connector
 Mobile, AL 36607
 251/479-4900/fax 251/479-4998
 www.campsmilemobile.org

Glenn Harger, Executive Director
 Cecy Lowell, Camp Director
 clowell@ucpmobile.org

REFERENCE INFORMATION

Name of Applicant _____
 Address of Applicant _____
 Phone Number _____
 I give my consent to release information pertaining to me and or my employment. Further, I release all of my references from any and all responsibility in supplying the requested information.

 Signature of Applicant _____ Date _____

TO BE COMPLETED BY REFERENCE

Camp SMILE is a residential summer camping program for children and adults with physical and/or mental disabilities. Often, the work can be both physically and emotionally demanding. We are looking for volunteers who have the skills and sensitivity needed to assist our campers in having a fun-filled camping adventure without limits. We thank you for your time and consideration in completing this reference evaluation. Please Return as soon as possible to: Cecy Lowell, Camp Director; Camp SMILE; 3058 Dauphin Square Connector Mobile, AL 36607.

Check one rating in each category to assess the following qualities of the applicant to the extent of your knowledge, using the following key.

A=Excellent B=Good C= Average D= Poor DK= Don't Know

	A	B	C	D	DK
Mental & Emotional Stability					
Physical Stamina					
Dependability					
Attitude toward differences in people					
Ability to put others' needs before their own					
Ability to work through stressful situations					
Judgment and decision-making abilities					
Communication skills					
Ability to relate to and work with children					
Ability to relate to and work with adults					
Ability to relate to and work with peers					
Demonstrates leadership in group situations					

How long have you known this person? _____
 In what capacity have you dealt with this person? _____
 Printed Name/Title: _____
 Address and Phone #: _____

 Signature of reference _____ Date _____