



**Easterseals Colorado - Rocky Mountain Village**

PO Box 115

Empire, CO 80438

Phone: (303) 569-2333 Fax:(303) 569-3857

Dear Sir/Madam:

The individual listed on this reference form has applied for a volunteer position at Easterseals Rocky Mountain Village. This form has been sent to you to help us assess the applicant's skills as they would relate to a position at our coed, residential camp and respite programs for children, teens, and adults with disabilities. Your knowledge and familiarity with the candidate will provide us with the information required to successfully assign our volunteers. **Any information you provide is strictly confidential and will not be shared with the applicant.**

The benefits for all who volunteer at Rocky Mountain Village are plentiful. All volunteers have the opportunity to build relationships with new people, share experiences with friends, and provide a positive and meaningful experience for individuals who have disabilities. Although the work is intense and many times requires taking care of a camper's personal needs, the rewards are tremendous.

Please use the space below to summarize your thoughts about this applicant's abilities to meet the challenges of volunteering at Rocky Mountain Village. Thank you, again, for your honesty and assistance.

Warm Regards,

The Team at Rocky Mountain Village

Easterseals Colorado

PO Box 115

Empire, CO 80438

[campinfo@eastersealscolorado.org](mailto:campinfo@eastersealscolorado.org)

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**Volunteer Reference Form**

**To the applicant:** Please sign this form indicating that the person named below has your permission to provide Easterseals Colorado, Rocky Mountain Village, with the following assessment about your potential for volunteering at a camp for people with disabilities.

<b>Print Name(Applicant):</b> _____
<b>Date:</b> _____
<b>Signature(Applicant):</b> _____

**To the person filling out the reference letter:** The person named above has listed you as a reference on an application for a volunteer position at Rocky Mountain Village Easterseals camp in Colorado. Please rate the applicant according to the following structure.

	<u>Top</u> 5	<u>Good</u> 4	<u>Ave.</u> 3	<u>Fair</u> 2	<u>Poor</u> 1
<b>CHARACTER:</b>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Integrity	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Loyalty	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Sincerity	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Dependability	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Punctuality	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Patience	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<b>PERSONALITY:</b>					
Enthusiasm	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Personal Habits	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Sense of Humor	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Tactfulness	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Adaptability	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Cooperation	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<b>LEADERSHIP:</b>					
Emotional Maturity	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Judgment	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Understanding	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Self-confidence	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Originality	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Initiative	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Relationship to the applicant: \_\_\_\_\_  
 Was applicant employed? \_\_\_\_\_  
 Would you re-employ? \_\_\_\_\_

Reason for discharge:

**Please provide us with a summary of this applicant's abilities.**

Signature of person completing this form: \_\_\_\_\_

Please **print** your name here: \_\_\_\_\_

Date: \_\_\_\_\_ Phone#: \_\_\_\_\_