



**Village of Malverne  
Summer Recreation Program**

**2022 REFERENCE EVALUATION  
FORM - COUNSELORS**

**Please return this reference no later than May 27th directly to:  
Inc. Village of Malverne -- 99 Church Street Malverne, N.Y. 11565  
or scan to [info@malvernevillage.org](mailto:info@malvernevillage.org)  
Attn: Summer Recreation Director**

**Applicant's Name:** \_\_\_\_\_

This applicant is being considered for a counseling position at Malverne Summer Recreation. Your cooperation in sharing the knowledge you have concerning this individual would be appreciated. All information you provide will be confidential.

**Please provide your contact information:**

Reference's Name \_\_\_\_\_ Title/Position \_\_\_\_\_

Contact Number \_\_\_\_\_ Email \_\_\_\_\_

**How long have you known the applicant and in what capacity?**

\_\_\_\_\_  
\_\_\_\_\_

**Please evaluate the applicant by checking the appropriate column.**

	Good	Average	Fair	Unable to Judge
Demonstrates ability to organize responsibilities and tasks:				
Reliability to carry out tasks:				
Punctuality and regularity in attendance:				
Ability to work as part of a team:				
Leadership skills:				
Demonstrates enthusiasm and creativity:				
Ability to relate to children:				

**Would you want this applicant to be your child's summer counselor? Yes \_\_\_\_\_ No \_\_\_\_\_**

\_\_\_\_\_  
*Reference's Signature*

\_\_\_\_\_  
*Date*