



## **INTERNATIONAL GYMNASTICS CAMP**

9020 Bartonsville Woods Rd. Stroudsburg PA 18360-8137

Phone: (570) 629-0244 Fax: (570) 620-0616

www.internationalgymnastics.com

### **LETTER OF REFERENCE**

**THIS EVALUATION WILL REMAIN CONFIDENTIAL**

Dear Madam/Sir,

\_\_\_\_\_ has given your name as a reference for employment with International Gymnastics Camp. We greatly appreciate your honest appraisal of this candidate's abilities, and we thank you in advance for your time and input on this matter.

We take great pride in our reputation as one of the finest gymnastics camps / schools. If accepted, this candidate will be working closely with children and it is imperative that we have mature, stable, trustworthy, dedicated staff representing IGC and IGS. Your reply will be kept strictly confidential. Thank you for your time and help in this matter.

#### **PERSONAL QUALIFICATIONS:**

Please rate the candidate on the following qualities based on your personal experiences:

<b>Characteristics</b>	<b>Very Strong</b>	<b>Strong</b>	<b>Average</b>	<b>Weak</b>	<b>Poor</b>
Teamwork					
Dedication					
Willingness To Learn					
Communication Skills					
Autonomy					
Work Efficiency					
Reliability					
Adaptability					
Emotional Stability					
Leadership					
Responsibility					

#### **KNOWLEDGE OF CANDIDATE:**

Please answer the following questions based on your knowledge of the candidate:

- How long have you known this candidate and in what capacity?
- Have you ever observed behavior that would be classified as deviant?

**KNOWLEDGE OF CANDIDATE CONTINUED:**

- Why do you believe this candidate is well suited for a job working with children?
- Would you be willing to have your own child under the care of this candidate?
- To your knowledge, does the candidate smoke, use alcoholic beverages, marijuana, or other drugs? Please specify.
- What do you believe are this candidate's strengths?
- What do you believe are this candidate's weaknesses?
- Are there any other comments you feel would help give us a better understanding of this applicant's abilities? Please use a separate sheet of paper if necessary.

**YOUR TITLE:** \_\_\_\_\_

**ORGANIZATION/ COMPANY:** \_\_\_\_\_

**PLEASE PRINT NAME:** \_\_\_\_\_

**SIGNATURE:** \_\_\_\_\_ **DATE:** \_\_\_\_\_

**Please return or fax to:**

**INTERNATIONAL GYMNASTICS CAMP - Staff Reference**  
9020 Bartonsville Woods Rd Stroudsburg PA 18360-8137  
Phone: (570) 629-0244 Fax: (570) 620-0616  
[www.internationalgymnastics.com](http://www.internationalgymnastics.com)