



T E E N P R O G R A M R E F E R E N C E F O R M
 131 STEUART STREET, SUITE 460 SAN FRANCISCO, CA 94105
 415.543.2267 415.543.5417 FAX
 WWW.TAWONGA.ORG

APPLICANT'S NAME _____

Program(s) for which applicant is applying: TSL Costa Rica SIT CIT

I waive the right to review this completed reference form.

 APPLICANT'S SIGNATURE

 DATE

The applicant named above is applying to a Camp Tawonga leadership or service learning program.

Counselor/Specialist in-Training (CIT/SIT): Participants spend three weeks in an intensive kid-focused training learning new skills for working with children and each other. The program is also enhanced by opportunities and responsibilities to use their newly acquired knowledge to work with younger campers.

Teen Service Learning in Costa Rica: Participants spend almost four weeks laboring in a variety of settings in Costa Rica, from remote villages to thriving cities, followed by a few days in our summer camp setting near Yosemite, where they share their experiences and new knowledge with younger campers. Throughout the program they study Jewish values, social justice, and international development issues, and perform hands-on service as a way of improving themselves and repairing the world.

These programs are very challenging experiences – physically, intellectually and emotionally – that have direct impact on younger campers. Please help us to make a determination about the applicant's suitability for participation by responding to the following questions:

1. In what capacity and for how long, have you known the applicant?

2. Please comment on the following, using a scale of 1-5 where:
 1=superior; 2=above average; 3=average; 4=below average; and 5=not applicable or don't know: (circle one)

Applicant's ability to adapt to new circumstances and challenging situations: 1 2 3 4 5
 Comment (with examples if possible):

Applicant's ability to work as part of a team and cooperate with peers and supervisors: 1 2 3 4 5
 Comment (with examples if possible):

Please complete both sides of this form

Applicant's ability to put the needs of others above his/her own needs: 1 2 3 4 5
Comment (with examples if possible):

Applicant's ability to self-motivate and work without supervision: 1 2 3 4 5
Comment (with examples if possible):

The applicant will participate in daily study or teaching sessions during which s/he will be expected to contribute to discussion. Explain the applicant's level of maturity and interpersonal skills both socially and in a learning environment: 1 2 3 4 5

Comment (with examples if possible):

3. What, if any, doubts or hesitations do you have about recommending this applicant?

4. Overall, how would you rate the suitability of the applicant for participation in this program?
 strongly recommend recommend recommend with some reservation do not recommend

5. Is there anything further you would like to share or feel we should know regarding this applicant?

Thank you very much for your time and assistance. Please note that your reference will be held in confidence. If you would like to speak with us directly regarding this applicant or your reference, please contact the appropriate Director at the phone number and extensions listed below.

SIGNATURE _____ DATE _____ NAME (PLEASE PRINT) _____

POSITION _____ EMPLOYER _____ PHONE _____

ADDRESS _____ EMAIL _____

PLEASE RETURN THIS FORM TO:

AARON MANDEL
131 STEUART STREET, SUITE 460
SAN FRANCISCO, CA 94105
415.543.2267 EXT.102
AARON@TAWONGA.ORG