*** PERSONAL REFERENCE ***

l,(Annlicentic N	ama Placas Print\	, autho	rize(Reference	o's Namo Plasas Print\
to supply verification o	of the information	provided in my ap		uation of prior performances, and
release them from all liability in doing so. Applicant's SignatureDate				
Position applied for:				
Cabin Counselor	Wellness	Medical	Program Staff	Operations
Camp AmeriKids, a small team of couns Please consider this	residential sumn selors and medic s when respondir g. Please call wit	ner program for one all staff, for the 2 ang. For more info the any questions in a question and question and question and question and question and question	children. The applicant 4-hour support and sup ormation about the prog concerns you may hav	pplying for a volunteer position will be responsible, along with a pervision of children ages 8-16. gram, you can visit our website: e (203) 658-9671. All reference
Name:		Phor	ne Number:	
Email Ad <u>dress:</u>				
Relationship to Applic	ant:		_How long have you kno	own the applicant?
back of this page, or	on another shee	i.		
AH 6				
All forms should <u>be</u> fax (203) 658-9615; (mail <u>volunteer@elm-project.org</u>
			₋M Project ff Recruiting	
			Iton Avenue	
			rd. CT 06902	