



Counselor-In-Training Reference Request

CYO Camp fosters the growth and development of youth through the formation of positive relationships with self, others, nature, and God.

_____ has applied for the CYO Camp Counselor-In-Training program and has given your name as a reference. Thank you in advance for completing and returning the following form.

How long have you known the applicant? _____ In what capacity? _____

Have you had the opportunity to observe the applicant with grade school aged children? If so in what kind of setting? _____

Please Comment on you observations. _____

Have you observed the applicant in leadership situations? Please comment on those observations. _____

How would you describe the applicant's character, temperament and maturity? _____

How well does the applicant interact with others? _____

From your observation what will this individual offer to a resident camp? _____

Would you be willing to have your children under the applicant's supervision for a seven day period? _____

How does this individual model a wellness lifestyle? (i.e. environmental awareness, community involvement, spirituality, health and nutritional habits, attitude about self and others, etc.) _____

Additional Comments: _____

If we have questions may we contact you? Yes ____ No ____

If yes please give us your telephone number and the best time to contact you.

Phone #: _____

Best time to contact you: _____

Print Name: _____

Position: _____

Organization: _____

Signature _____

Date _____

Thank you for your assistance in evaluating this individual!