



FOR YOUTH DEVELOPMENT®
FOR HEALTHY LIVING
FOR SOCIAL RESPONSIBILITY

YMCA CAMP LAKEWOOD
13528 State Highway AA, Potosi, MO 63664
Phone: 573-438-2155
Fax: 573-438-3913
www.campakewood.org

2019 CIT REFERENCE FORM YMCA CAMP LAKEWOOD

TO THE APPLICANT: Give out the attached Reference Form to two professional and one social contact. Employers, teachers, coaches, etc. are acceptable as professional references; and a parent, grandparent, aunt, uncle, longtime family friend, etc. is acceptable as your social contact. Your reference must mail, e-mail, or fax their form directly to camp. **We cannot complete the interview process until all 3 references have been turned in as well as your essay and application.**

Applicant's Name: _____

The person above is applying for our Counselor-in-Training (CIT) Program. We are anxious to profit from your observations of him or her. You can be of considerable assistance to us in determining the applicant's ability to meet our standards for youth work. CITs require emotional maturity, proven leadership ability and sensitivity to the challenges youth face in today's world. Basic character and attitude are more important to us than work experience. If successful, the applicant will be working closely with children entrusted to our care. Please be honest and prompt with your evaluation, which will be kept in confidence.

What is your relationship to the applicant? _____

How well do you know the applicant? _____ Very Well _____ Well _____ Casually

How long have you know this applicant? _____ Years _____ Months

Please rate the applicant to the best of your knowledge with respect to each of the following (check mark):

	ABOVE AVERAGE	AVERAGE	BELOW AVERAGE	NOT SURE
Emotional maturity	_____	_____	_____	_____
Communication skills	_____	_____	_____	_____
Leadership ability	_____	_____	_____	_____
Concern for others	_____	_____	_____	_____
Cooperation skills	_____	_____	_____	_____
Ability to relate to youth	_____	_____	_____	_____
Responsibility	_____	_____	_____	_____
Personal initiative	_____	_____	_____	_____
Integrity	_____	_____	_____	_____
Patience	_____	_____	_____	_____
Respectful	_____	_____	_____	_____
Positive role model	_____	_____	_____	_____
Positive attitude	_____	_____	_____	_____
Energetic	_____	_____	_____	_____
Problem-solving skills	_____	_____	_____	_____

1. What are this individual's greatest needs for development?
2. What are this individual's strengths?
3. If you are a parent or had child(ren), would you leave your children in the applicant's care? Why or why not?
4. Would you want this person to be on your staff? Why or why not?
5. Is there any reason this individual should NOT work with children?

Please check one of the options regarding this applicant:

Highly Recommend Recommend Not Recommend

Signature: _____

Print Name: _____

Title: _____

Phone: _____

E-mail: _____

Date: _____

Thank you for your time and assistance. **BY APRIL 5, 2019**, Please return this form by mail, e-mail, or fax to:

Address: Michelle Bomalaski, YMCA Camp Lakewood, 13528 State Hwy AA, Potosi, MO 63664

E-mail: michelle.bomalaski@gwrymca.org

Fax: 573-438-3913

For any questions, please contact us at 573-438-2155