



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.camplakewood.org

## 2020 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 26, 2020**, Please return this form by mail, e-mail, or fax to:

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

E-mail: [camplakewood@gwrymca.org](mailto:camplakewood@gwrymca.org)

Fax: 573-438-3913

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