

CAMP KYDNIIE COUNSELOR-IN-TRAINING (CIT)
CONFIDENTIAL NON-RELATIVE REFERENCE FORM

The goal of the Counselor-In-Training (CIT) program is to provide young adults with the opportunity to learn the leadership skills that are necessary for them to act as role models for children younger than themselves. CITs will be assigned to a specific group for the week, and through hands-on experience, will have the opportunity to interact with campers ages 6-18, counselors and staff in the operation of the week long summer camp experience. Due to extensive interpersonal connection, CITs should be friendly, approachable and of mature level.

Name of applicant: _____ School: _____

In what capacity have you known the applicant & how long? _____

Please evaluate the applicant by marking the appropriate boxes:

	Never	Sometimes	Often	Always	I don't know
Demonstrates age-appropriate maturity	[]	[]	[]	[]	[]
Demonstrates follow-through	[]	[]	[]	[]	[]
Is dependable and reliable	[]	[]	[]	[]	[]
Possesses a strong record of attendance and being on time	[]	[]	[]	[]	[]
Is accepting of diverse populations	[]	[]	[]	[]	[]
Willingly takes the role of a leader or follower as needed	[]	[]	[]	[]	[]
Possesses a positive attitude	[]	[]	[]	[]	[]
Demonstrates self-motivation	[]	[]	[]	[]	[]
Is creative and innovative	[]	[]	[]	[]	[]

What is your overall recommendation?

- [] I recommend the applicant without reservation as an excellent candidate for the CIT program.
[] I recommend the applicant as a good candidate for the CIT program.
[] I have some reservations; however I believe the applicant has a chance for success.
[] I do not recommend the applicant for the CIT program. *(Please provide additional info below)*

Additional information: _____

Contact Information:

Name: _____ Telephone: _____
Address: _____ City, Zip, State: _____
Email: _____

Mail: David Markle
C/O: CK CIT Program
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PORT ST LUCIE, FL 34983

Email: campkydniestaff@gmail.com
(Place "Reference" & applicant name as subject,
i.e.: Reference Joe Smith)