



Reference Form For YMCA Camp Abnaki CIT

*The person below has applied at the YMCA to be a **Counselor in Training** with children in a resident camp setting. Please evaluate this person by answering these questions.*

Name of Applicant _____

How long have you known the applicant? _____ Relationship _____

In general, how would you rate the applicant's ability and interest to work with children?

How has the applicant's behavior indicated that children in his/her care would receive:

1. Good physical care? _____

2. Respect? _____

Do you have any concerns about the applicant, which would affect the quality of child care?

Have you seen the applicant in a stressful situation? Yes ____ No ____

If yes, can you describe how the applicant responded? _____

Have you observed the applicant working in a team setting? Yes ____ No ____

If yes, can you describe the situation and how the applicant responded? _____

Please check the appropriate boxes to indicate the applicant's qualities:

	Excellent	Good	Average	Fair	Not Sure
Communication with co-workers					
Communication with children					
Quality of work					
Initiative					
Emotional maturity					
Moral character					
Cooperation					
Adaptability					
Reliability/organization					
Leadership ability					

All of the above information is true and accurate in accordance with my knowledge of the applicant.

Printed Name

Signature

Day Time Telephone

Date

Please return to: Camp Director

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www.campabnaki.org