



YMCA CAMP MOHAWK

COUNSELOR IN TRAINING

CHARACTER REFERENCE



PO Box 1209, Litchfield, CT 06759
860-672-6655
campmohawk.org

The individual listed below has provided your name as a personal character reference. This individual has applied for acceptance into the Counselor in Training Program at YMCA Camp Mohawk. Participants in this program experience a summer of developing leadership skills and working with girls ages seven to twelve. Please rate each characteristic accordingly. Leave any space blank which you feel unqualified to answer.

Applicant Name: _____

Please rate the applicant on a scale of 1-5 on the following questions:

How easily does the applicant adapt to new situations and difficult situations? _____

1 - Does not adapt well 5 - Adapts well

How well does the applicant accept responsibility? _____

1 - Not at all 5 - Extremely well

How well does the applicant get along in a group setting? _____

1 - Loner 5 - Group person

Does the applicant have good oral communication skills? _____

1 - No 5 - Well spoken

How comfortable is the applicant in dealing with unfamiliar people? _____

1 - Uncomfortable 5 - Very comfortable

How well is the applicant able to follow directions and carry through on tasks without supervision? _____

1 - Not well at all 5 - Extremely well

Please rate the applicant on a scale of 1-10 on the following questions:

1 - Lowest Recommendation 10 - Highest Recommendation

Leadership Skills: _____

Sense of Humor: _____

Self Confidence: _____

Emotional Maturity: _____

Dependability: _____

Punctuality: _____

To what extent has the applicant demonstrated leadership and self-initiative?

Would you have the applicant assist a group under your supervision?

Please describe what you would consider to be the applicant's strong points.

Please describe what you would consider to be the applicant's areas in need of improvement.

If you are/were a parent, would you feel comfortable with this applicant working with your child?

Please include any additional comments:

Reference Name: _____

Relationship to Applicant: _____

Address: _____

Phone: _____ **Email:** _____

Signature

Date

Please mail to:
YMCA Camp Mohawk
P.O. Box 1209
Litchfield, CT 06759

Or email completed form to: mikayla@campmohawk.org