



YMCA CAMP MOHAWK
Counselor in Training Character Reference



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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 age's seven to twelve.

Please rate each characteristic accordingly. Leave any space blank which you feel unqualified to answer.

Applicant's Name: _____

- | | | | | | | | |
|---|-------------------------|---|---|---|---|---|------------------|
| How easily does the applicant adapt to new situations and difficult situations? | Does not adapt well | 1 | 2 | 3 | 4 | 5 | Adapts well |
| How well does the applicant accept responsibility? | Not at all | 1 | 2 | 3 | 4 | 5 | Extremely well |
| How well does the applicant get along in a group setting? | Loner | 1 | 2 | 3 | 4 | 5 | Group person |
| Does the applicant have good oral communication skills? | No | 1 | 2 | 3 | 4 | 5 | Well spoken |
| How comfortable is the applicant in dealing with unfamiliar people? | Basically uncomfortable | 1 | 2 | 3 | 4 | 5 | Very comfortable |
| How well is the applicant able to follow directions and carry through on tasks without supervision? | Not well at all | 1 | 2 | 3 | 4 | 5 | Extremely well |

Please rate the following characteristics on a **scale of one to ten with ten being the highest possible 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 assisting with a group under your supervision?

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

Please describe what you 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:

Signature: _____ Date: _____

Print Name: _____

Address: _____

Phone: _____ e-mail: _____

Relationship to applicant: _____

Please return to: YMCA Camp Mohawk PO Box 1209 Litchfield, CT 06759 or fax to 860-482-3878