

# Counselor In Training Reference Request



\_\_\_\_\_ has applied for the Counselor In Training program at The Arbors Camp and has given your name as a reference.

How long have you known the applicant? \_\_\_\_\_

In what capacity? \_\_\_\_\_

Have you had the opportunity to observe the applicant interacting with school-aged children? If so, in what setting have you observed them? Please comment on your observations:

---

---

Have you observed the applicant in leadership situations? Please comment on those observations. \_\_\_\_\_

---

How would you describe the applicant's character, temperament and maturity?

- |  |   |
|--|---|
| <input type="checkbox"/> Tends to be very mature for their age | <input type="checkbox"/> Tends to be immature for their age |
| <input type="checkbox"/> Somewhere in between                  | <input type="checkbox"/> Not Sure                           |

How well does the applicant interact with others?

- |  |                                   |
|--|-----------------------------------|
| <input type="checkbox"/> Very Well     | <input type="checkbox"/> Ok       |
| <input type="checkbox"/> Not Very Well | <input type="checkbox"/> Not Sure |

From your observation, what will this individual offer to a resident camp?

---

---

How would you rate the applicant's potential for working with children in a resident camp?  
1 - 10. 10 being the highest potential, 1 being the lowest.

1    2    3    4    5    6    7    8    9    10

Would you be willing to have your children under the applicant's supervision for a period of 2 weeks?

- Yes       No  
 Not Sure

How does this individual model a wellness lifestyle? (ie: health and nutritional habits, attitudes toward smoking, alcohol, and drugs, physical fitness, attitudes about self and others, community involvement, environmental awareness and spirituality)

- Very Well       Ok  
 Not Very Well At All       Not Sure

Additional Comments

---

---

---

---

---

---

---

---

If we have questions, may we contact you?  Yes  No

If yes, please indicate your telephone number and the best time to reach you

Phone: \_\_\_\_\_

Print Name: \_\_\_\_\_

Best Time to call: \_\_\_\_\_

---

Signature of Reference

Position

Organization

Date

Thank you for your assistance in helping to evaluate this individual!

**Return Application To:**

Shad Hanrahan or  
Joe Giguere  
The Arbors Kids  
999 Memorial Dr.  
Chicopee, MA 01020