



Counselor-in-Training Reference Form

To Whom It May Concern:

By your willingness to complete this form, you are serving as a reference for _____ who is applying with the Suffolk Parks and Recreation/Office on Youth, Counselors-in-Training (2011) summer camp program. The applicant will assist adult staff with small and large groups of youth ages 5 to 12 in daily recreational activities. Selected applicants will receive important work readiness, leadership and team building skills while participating in this program.

Please complete the questions below and return this form in a sealed envelope to the applicant so that he or she can turn it in with the Counselor-in-Training application. If you have any questions, contact Jennifer Branham at (757) 514-4503, or by email jbranham@suffolkva.us.

Reference Name: _____ Phone: _____

Address: _____

Youth Applicant's Name: _____

How long have you known the applicant? _____

In what capacity have you known the applicant?

In a short paragraph or two, please explain why you think this applicant would be a good candidate for the Counselors-in-Training program. You may attach a typed, or computer generated recommendation if you prefer.

Below, you will see a list of statements. By placing a mark in the appropriate box, please indicate how much you would agree or disagree with the statement regarding _____ (applicant).

Statements	Strongly Disagree	Somewhat Disagree	Disagree	Not sure	Agree	Somewhat Agree	Strongly Agree
Demonstrates leadership							
Works well with peers							
Willing to try new things							
Finishes what he/she starts							
Is a good listener							
Is well organized							
Respects authority							
Will obey rules							
Good listener							
Team player							
Self confident							
Good role-model							

Other comments or information about the applicant you think would benefit us in our selection process:

Thank you for your cooperation, your input in the selection process is very important to us and please be assured that this information will be kept confidential.

Jennifer Branham, Youth Services Coordinator

This form must accompany the application in order to be considered, you may also fax it to, Attention: Jennifer Branham, 514-4524 or mail it to Suffolk Office on Youth, 138 S. 6th Street, Suffolk, VA 23434