



FOR YOUTH DEVELOPMENT®  
FOR HEALTHY LIVING  
FOR SOCIAL RESPONSIBILITY

# YMCA OF GREATER WAUKESHA COUNTY COUNSELOR IN TRAINING REFERENCE FORM

Name of Applicant: \_\_\_\_\_

**RELEASE OF INFORMATION:** I hereby authorize \_\_\_\_\_ to release all information regarding my suitability for enrollment into the YMCA of Greater Waukesha Counselor in Training (CIT) Summer Day Camp Program.

\_\_\_\_\_  
Signature of Applicant

\_\_\_\_\_  
Date

**At the Y, strengthening community is our cause. Every day, we work side by side with our neighbors to make sure that everyone, regardless of age, income, or background, has the opportunity to learn, grow, and thrive.**

1. What is your relationship to the applicant? \_\_\_\_\_

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

3. If the candidate has worked for you:

- What position did the applicant hold? \_\_\_\_\_
- Would you rehire the applicant? If not, please explain why.

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

4. Please describe the overall work performance of the applicant.

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

5. Please describe how the applicant interacts with his/her peers.

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

6. Would you recommend the applicant for the position of Counselor in Training?

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7. Please list and describe 3 of the candidate's strengths.

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8. Please list and describe 3 areas where the candidate can improve.

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9. Please check the box that best describes the applicant in regards to:

	<b>Excellent</b>	<b>Good</b>	<b>Fair</b>	<b>Poor</b>
<b>Adaptability</b>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<b>Responsibility</b>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<b>Resourcefulness</b>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<b>Enthusiasm</b>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<b>Leadership</b>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<b>Sense of Humor</b>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<b>Patience</b>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<b>Cooperation</b>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<b>Initiative</b>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

10. Additional comments:

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**Signature of Reference**

**Date**

Please return this form to the Counselor in Training applicant to be submitted with their CIT application. Thank you for taking the time to help us build strong kids, strong families, and strong communities!