



FOR YOUTH DEVELOPMENT®
FOR HEALTHY LIVING
FOR SOCIAL RESPONSIBILITY

YMCA OF FREDERICK COUNTY SUMMER DAY CAMP CIT Reference Form

CIT Candidate's Name: _____

The CIT candidate listed above has applied to be a Counselor-In-Training (CIT) at our summer day camp. We take great care when choosing our CITs as they serve an integral role as both a camper AND a role model for our younger campers. Your honesty is appreciated as it will guide us in our decisions. Thank you!

1. How long and in what capacity have you known the applicant?

2. Please describe why you think the applicant would be a good caregiver and role model for children in a recreational setting:

Please check all of the following characteristics that you have witnessed of the applicant:

- | | | |
|---|---|---|
| <input type="checkbox"/> Caring | <input type="checkbox"/> Leadership | <input type="checkbox"/> Respects Rules |
| <input type="checkbox"/> Honesty | <input type="checkbox"/> Demonstrates Patience | <input type="checkbox"/> Strives to Improve |
| <input type="checkbox"/> Respectfulness | <input type="checkbox"/> Positive Role Model | <input type="checkbox"/> Works Well With A Team |
| <input type="checkbox"/> Responsibility | <input type="checkbox"/> Emotional Maturity | <input type="checkbox"/> Creative |
| <input type="checkbox"/> Works With Children Well | <input type="checkbox"/> Seeks & Applies Feedback | <input type="checkbox"/> Finishes Tasks |
| <input type="checkbox"/> Energetic & Enthusiastic | | |

Please provide your contact info in the event that we might need to speak with you to further assist the applicant's acceptance as a CIT with the YMCA of Frederick County:

Reference Name/Company: _____

Address: _____ State: _____ Zip: _____

Phone: _____ Email: _____

Signature: _____ Date: _____

Please submit completed form to the Y (do not return to Applicant):

Mail to: Evan Bates, CIT Coordinator
YMCA OF FREDERICK COUNTY
1000 N Market Street
Frederick, MD 21701

OR

Scan and email to:
ebates@frederickymca.org