

Nichols Day Camp

P.O. Box 472 Blue Hill, ME 04614

Telephone 207-374-9906 Fax 207-374-5862

www.nicholsdaycamps.org

Counselor in Training (CIT) Program Reference Form

Name of Camper/Applicant: _____

Date: _____

The person above is applying for the Nichols Day Camp CIT Program and has asked you to write a reference for her/him. "CITs" are campers that are 15 years old, who will spend the summer learning to be excellent future counselors. This is a selective program: 4-6 campers will be chosen for each of two summer sessions. Please use this form as a guide to provide us your insights on this eager applicant. Please return all completed reference forms to us at the above address. Thank you for your help.

How long have you known this Camper/Applicant?

In what capacity have you known them?

Would you recommend that this Camper/Applicant work (under supervision) with children 5-12 years of age? Please explain why or why not.

Do you feel this Camper/Applicant would be a good role model for younger campers? Please explain why or why not.

What are the Camper/Applicant's strengths and weaknesses that would help us determine if they should be selected for the program.

Please add any other comments you have about this Camper/Applicant that may be helpful to us.

If you have any questions or concerns please contact the Camp Director at the Nichols Day Camp office at 207-374-9906. We appreciate the time you have taken to help us in our pursuit of providing a wonderful summer CIT Program experience for our oldest campers who will be learning to be excellent future counselors.

Printed Name of Person Completing this Reference:

Signature:

Date:
