



**FOR YOUTH DEVELOPMENT  
FOR HEALTHY LIVING  
FOR SOCIAL RESPONSIBILITY**

## Leader in Training Applicant Reference

Applicant's Name \_\_\_\_\_

The above named person is applying for a placement as a Leader in Training at YMCA Camp Hi-Rock, a co-ed day and residential youth camp, owned and operated by the Central Connecticut Coast YMCA. We require three written references before an applicant will be considered for this leadership training program.

Please circle the rating that best describes the applicant's ability in each area. Comments would be greatly appreciated. Your information will be held in the strictest confidence.

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

In what capacity do you know the applicant? \_\_\_\_\_

	Poor		Average		Superior	No opportunity to observe
Initiative	1	2	3	4	5	N/A
Comments:	_____					
	_____					

Enthusiam	1	2	3	4	5	N/A
Comments:	_____					
	_____					

Responsibility	1	2	3	4	5	N/A
Comments:	_____					
	_____					

Team Player	1	2	3	4	5	N/A
Comments:	_____					
	_____					

Punctuality	1	2	3	4	5	N/A
Comments:	_____					
	_____					

General Apperance	1	2	3	4	5	N/A
Comments:	_____					
	_____					

Integrity	1	2	3	4	5	N/A
Comments:	_____					
	_____					

Respectfulness                    1        2        3        4        5                    N/A  
Comments: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Emotional Maturity            1        2        3        4        5                    N/A  
Comments: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Self-Confidence                1        2        3        4        5                    N/A  
Comments: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Receptive to criticism        1        2        3        4        5                    N/A  
Comments: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Leadership ability             1        2        3        4        5                    N/A  
Comments: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

How well does this person interact with his/her peers? \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Everyone has areas in which they can improve. In what ways can this applicant improve?  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Additional comments or other strengths of applicant?  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Your name \_\_\_\_\_ Occupation \_\_\_\_\_

Address \_\_\_\_\_ Phone \_\_\_\_\_

If we have any questions, may we contact you? \_\_\_ Yes \_\_\_ No

**Thank you for completing this form!**

Please return it to us by mail:            LIT Reference  
    162 East Street  
    Mount Washington, MA 01258

Or by fax:                                        413 528 4234