

Counselor-in-Training (CIT) Reference

PO Box 381, Mount Desert, ME 04660

Phone: (207) 244-0365 Fax: (207) 244-3355 www.campbeechcliff.org

An Equal Opportunity Employer

Complete the first section of this form, then present it to your reference. Since this information is confidential, the completed form should be sent directly to Camp Beech Cliff.

TO E	BE C	OMPL	ETED	BY	APPL	LICANT:
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Aр	plicant's Name:				
Na	me of Reference:	Job Title:			
Со	mpany/Organization Name:				
Ma	ailing Address of Reference:				
Εn	nail:	Phone:			
	BE COMPLETED BY REFERENCE (attach a sep How long have you known the applicant?	arate sheet if desired):			
2.	In what capacity do you know the applicant (as his,	/her supervisor, teacher, coach, etc.)?			
3.	Please describe two of the applicant's personality t	craits.			
4.	How well does the applicant get along with others?				
5.	How would you describe the applicant's ability to b	e responsible and work independently?			
6.	To the extent you know, please tell us about the ap	oplicant's interaction with children.			

Please return this form to Camp Beech Cliff, PO Box 381, Mount Desert, ME 04660 or via email to sylvie@campbeechcliff.org