



TOWN OF MONROE

PARKS & RECREATION DEPARTMENT

7 Fan Hill Road
Monroe, CT 06468
Phone: 203-452-2806
www.monroerec.org



Monroe Parks and Recreation
Wolfe Park * Masuk Pool
Lake Zoar * Webb Mountain Camping

COUNSELOR IN TRAINING REFERENCE FORM

(Applicant's Name) _____
has applied to be a Counselor in Training (CIT) with the Monroe Parks and Recreation Department. So that the application may be given proper consideration, your help is needed in completion of this reference form.

PLEASE COMPLETE ALL APPLICABLE INFORMATION

Name of reference _____ Day Phone and/or email _____

1) In what capacity have you known the applicant? _____

2) For how long? _____

3) How would you rate this individual's character? Please explain _____

4) What are the first words that come to your mind to describe this applicant? _____

RATING

How would you rate this applicant in terms of: (Please use a checkmark for each category)

| | Below Average | Average | Good (above average) | Very Good | Excellent | Outstanding |
|----------------------------------|---------------|---------|----------------------|-----------|-----------|-------------|
| Academic achievement | | | | | | |
| Dependability | | | | | | |
| Personal qualities and character | | | | | | |
| Creativity | | | | | | |
| Motivation | | | | | | |
| Maturity | | | | | | |
| Leadership ability | | | | | | |
| Concern for others | | | | | | |
| Respect for others | | | | | | |

I would recommend this applicant: With Reservation Fairly Strong Strongly Enthusiastically

Signature of reference: _____ Date: _____