



TOWN OF MONROE
PARKS & RECREATION DEPARTMENT
7 Fan Hill Road
Monroe, CT 06468
Phone: 203-452-2806
www.monroerec.org



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: _____