

REFERENCE

The "Counselor in Training Reference Form" should be completed by someone other than a relative, and returned by mail to: Suzanne Stich, Recreation Director, PO Box 66, Harwinton CT or by email to: sstich@harwinton.us.

PLEASE READ AND SIGN CERTIFICATION AND RELEASE

CERTIFICATION AND RELEASE

I certify that there are no misrepresentations, omissions or falsifications in the foregoing statements and answers. I further certify that the responses given are true, complete and accurate to the best of my knowledge and are made in good faith. I understand that any misrepresentation, omission or falsification may be grounds for rejection of my application or, in the event that I am hired, immediate discharge.

I authorize the Town of Harwinton to contact all of the educational institutions, employers, personal references included in this application and others the Town may deem necessary to obtain information related to my application for volunteer employment. I authorize all such contacts noted above to provide information to the Town of Harwinton and I hereby release the Town of Harwinton and all such persons and/or entities supplying such information from any and all liability and/or damages arising out of the release or use of such information.

I understand that upon acceptance as a Counselor-in-Training, I release the Town of Harwinton, employees of the Town of Harwinton, elected or appointed officials of the Town of Harwinton or other representatives of the Town of Harwinton from any and all liability.

APPLICANT'S NAME

APPLICANT'S SIGNATURE DATE

Please check the weeks you are available. Camp hours for CIT's are 8:30 am- 2:00 pm. You must make a minimum 2 week commitment and submit a \$25 fee if accepted.

- June 27-July 1
- July 18-22
- July 5-8
- July 25-29
- July 11-15
- August 1-5

Application for "Counselor-in-Training" should be submitted by May 27, 2016.

Please return application to:
Suzanne Stich, Recreation Director
100 Bentley Drive
PO Box 66
Harwinton, CT 06791

Town of Harwinton
Recreation Department
100 Bentley Drive
PO Box 66
Harwinton, Connecticut 06791

Counselor in Training Reference Form

This form is to be completed by someone other than a relative of the applicant and returned no later than June 1, 2016 to: Suzanne Stich, Recreation Director, PO Box 66, Harwinton CT 06791 or emailed to: sstich@harwinton.us.

Applicant Name _____

1. How do you know the applicant?
2. Do you think the applicant will be a good role model for younger children in a summer camp setting? Why?
3. Is the applicant respectful and courteous to others, including peers and authority figures?
4. Have you observed the applicant in a leadership role? Please share examples.
5. What is your overall impression of the applicant and would you recommend this individual for a counselor in training position?

Name: _____ Signature: _____

Date: _____