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Jaime and Dane Pickles, Directors

Counselor In Training Personal Recommendation Form

The individual listed below is applying to be a member of the Counselor in Training (CIT) Program at Everwood Day Camp. After completing the form, please place the completed form in a sealed envelope and return it to the applicant. THANK YOU.

Applicant Name:	
How long have you known applicant?	What is your relationship with the applicant?
What are the individual's strengths?	
What is something that the individual can i	mprove upon?
What makes the individual a good fit for th	e CIT Program?
What other information would you like us t	o know about the individual?
Name & Signature of Person Submitting	g Recommendation:
Print Name	Signature
Telephone Number:	Date