



Camp Dixie Lutheran Outdoor Ministries

Counselor-in-Training (C.I.T.) Reference Form

Name of Applicant: _____

The above named person is applying to be a Counselor-in-Training at Camp Dixie. Counselor-in-Training Program is designed to give high school students the opportunity to serve their Lord in a Christian setting, and at the same time, receive valuable training in leadership skills. In order to assist us in selecting suitable Counselor-in-Training applicants, please fill out this form and return it directly to Camp Dixie. If you have any questions, please contact the camp office. Thank you!

1. In what capacity do you know the applicant? _____
2. How long have you known the applicant? _____
3. On a scale of 1 to 10 (with 1 being low and 10 being high), please rate the applicant on each of the following characteristics. If you have insufficient knowledge to comment on a particular characteristic, please leave it blank.

Please Rank the Following	Rating	Comments
<i>Ability to work with others</i>		
<i>Ability to relate to children</i>		
<i>Leadership</i>		
<i>Personal motivation and initiative</i>		
<i>Dependability</i>		
<i>Trustworthiness</i>		
<i>Attitude</i>		
<i>Pride in one's work</i>		
<i>Organizational skills</i>		
<i>Christian character</i>		

4. Are you aware of any facts demonstrating that the applicant's involvement in outdoor ministry should be restricted?
 - Yes
 - If yes, please explain _____
 - No

5. Are you aware of any facts demonstrating that the applicant should not be considered by Camp Dixie for a Counselor-in-Training position?
 - Yes If yes, please explain _____
 - No

6. Based on your knowledge of the applicant, please use the numbers which best reflect your evaluation of the applicant's suitability for the following:

(4=highly recommend; 3= recommend; 2= neutral; 1= do not recommend; NA= insufficient knowledge to form opinion)

___ Youth Camp ___ Housekeeping ___ Kitchen
___ Arts & Crafts ___ Office ___ Maintenance

7. Do you have any additional comments concerning the suitability of this applicant as a Counselor-in-Training at Camp Dixie Outdoor Ministries?

Reference Name: _____

Date: _____

Address: _____

Phone: () - _____

City/State/ZIP: _____

E-mail; _____

Please send this form after directly Camp Dixie. Thank you!

Camp Dixie Outdoor Ministries
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Elberta, AL 36530
Phone: (251) 987-1201
Email: director@campdixieministries.org

Camp Dixie's Mission Statement: Camp Dixie is a place where campers, counselors, and staff members are able to grow spiritually, physically, emotionally and intellectually, in a positive way by experiencing, reflecting and evaluating in an outdoor-based Christ centered program..