



## THE BIG ISLAND ADVENTURE CAMP

### @ AZ Academy - Summer 2018

### June 18th - August 20th!!!!

### CIT Reference Form

**3036 Estate Orange Grove Christiansted VI 00820**  
**Phone: 340-718-7909 Fax: 340-718-4889 Cell: 340-244-7035**  
**Facebook Page: Big Island Adventure Camp at AZ Academy**

Dear Reference,

The STX Big Island Adventure Camp @ AZ Academy is actively interviewing counselors, volunteers and counselors-in-training for this summer's 2017 camp season. We expect staff members to be enthusiastic, respectful, dedicated and willing to put in 110% every day. We serve over 100 campers per week. Our CIT Team members are required to run events, assist instructors in the classroom, work with counselors, be role models for younger children, supervise small groups of children, and provide a safe and fun environment for all children in attendance. We are looking for hard working, energetic and enthusiastic CIT team members who are respectful and able to take direction as well as lead when necessary. We are asking for you to complete a reference form for this applicant. Please answer as honestly as you can.

**Scale:** #5 = Always #3 = Sometimes #1 = Never

**Student's Name:** \_\_\_\_\_ **Grade:** \_\_\_\_\_

Does this student come to class on time?	1 2 3 4 5
Is this student respectful toward other students?	1 2 3 4 5
Is this student respectful toward teachers and staff?	1 2 3 4 5
Would you want him leading your own children or grandchildren??	1 2 3 4 5
Does this student complete class work on time?	1 2 3 4 5
Does this student take pride in his/her work?	1 2 3 4 5
Does this student exhibit leadership qualities?	1 2 3 4 5
Does this student work well with others?	1 2 3 4 5
Would you hire this student to work for you?	1 2 3 4 5
Is this student a role model to others on your campus?	1 2 3 4 5

Please list **3 positive attributes** of this applicant

Please list **3 weaknesses** of this applicant:

**Your Name:** \_\_\_\_\_ **Position:** \_\_\_\_\_ **Employer:** \_\_\_\_\_

**Phone Number:** \_\_\_\_\_ **Cell:** \_\_\_\_\_ **Relationship to Applicant:** \_\_\_\_\_

**E-Mail:** \_\_\_\_\_ **# of yrs you have know this applicant:** \_6 mons \_1 yr \_2-5yrs \_5yrs+

Please return by faxing to 340-718-4889 or via applicant—please fold & seal evaluation or place in a sealed envelope.