



## ***Sparrow Lake Camp***

PO Box 10039 Alliston Ont. L9R 0B7

(705) 434-2113

e-mail: slcregistrar@sarrowlakecamp.com

### **COUNSELLOR IN TRAINING PROGRAM 2010 CONFIDENTIAL REFERENCE**

**Applicant's Name:** \_\_\_\_\_

---

---

**TO RECIPIENT:** The Counsellor-in-Training program at Sparrow Lake Camp is a leadership training program for youth. The course provides instruction in "skill" areas such as swimming, canoeing and sailing and also includes training in counselling techniques and leadership skills. Applicants to the program should be individuals who are able to get along with others and work as a team member in a group. Applicants should enjoy working with children and be prepared to work hard for the month long program. Although Sparrow Lake Camp is a United Church camp, all individuals that will promote the development of a caring Christian community are welcome to apply for the program.

The individual above has applied to the Sparrow Lake Camp CIT program, and has indicated that you would be able to provide a reference for his or her suitability for this program.

---

---

How long have you known the applicant?: \_\_\_\_\_

In what capacity do you know the applicant?: \_\_\_\_\_

Knowing what you do about this person, would you recommend him/her?      Yes       No

Please explain: \_\_\_\_\_

---

Do you feel confident in this individual working with children in a residential camp setting?      Yes       No

What special skills and strengths does this applicant possess? \_\_\_\_\_

---

Please comment on this applicant's ability to handle stressful situations.

---

---

---

What area(s) of professional development does this person need further growth in?

---

---

