

LIT Reference Form

May not be family member or friend

Applicant's name: _____

Your name: _____

Phone: (____) _____ Best time to call: day / evening

How do you know the applicant? _____

Mail completed form to:

YMCA Camp McConnell
210 SE 134th Avenue
Micanopy, FL 32667

Fax: (352) 466-0600

Please rate the applicant on the following:

1=Not accurate, 2=somewhat accurate, 3=Very accurate, 4=not applicable

The applicant is more mature than his/her peers	1	2	3	4
If someone is in need, the applicant is the first to help	1	2	3	4
The applicant takes criticism well	1	2	3	4
The applicant has a hard time following others	1	2	3	4
When the going gets tough, the applicant tends to give up	1	2	3	4
The applicant has a positive disposition in life	1	2	3	4
The applicant is a team player	1	2	3	4
The applicant is patient and does not become frustrated often	1	2	3	4
The applicant is tolerant and accepting of others	1	2	3	4
The applicant takes initiative	1	2	3	4
The applicant is likely to behave in a safe manner	1	2	3	4
I would recommend the applicant for your program	1	2	3	4

Please write any additional comments here: _____

By signing below, I confirm that my identity and relation to applicant, as listed above, is accurate.

Signature: _____

Date: _____