

Main IDEA

“Counselor in Training” Reference Form

Applicant’s Name: _____

Years known: _____

Relationship to applicant: _____

Applicant’s Qualities: On a scale of 1 to 10 (1 being the least, 10 being the most), how would you rate the applicant for the following:

- ____ Emotional Maturity
- ____ Communication Skills
- ____ Teachability
- ____ Positive attitude
- ____ Social Acceptability (response from others)
- ____ Honesty
- ____ Cooperation/Ability to work with others
- ____ Energy/Enthusiasm
- ____ Responsibility
- ____ Ability to relate to youth
- ____ Leadership
- ____ Ability to submit to authority

What are this applicant’s 3 greatest strengths?

What are this applicant’s 3 greatest areas of growth?

On a scale of 1 to 10 (1 being the least, 10 being the most), how much would you recommend this applicant for our CIT (Counselor in Training) Program?

Your full name: _____

Email Address: _____

Phone Number: _____

School/Business: _____

By signing below, I indicate that the information provided on this application is true and complete. I understand that any false or misleading representations or omissions may disqualify the applicant from further consideration for the program and may result in discharge if discovered at a later date. I understand that completion of this application does not assure the applicant of a position with Main IDEA. I also understand that neither this application nor any other document constitutes a contract of employment for a specific term.

Signature/date: _____ / _____

Please fill out and return this form to joy.murrieta@mainidea.org, or: “Main IDEA, 911 Main Street, Worcester, MA, 01610.” ALL FORMS DUE BY JUNE 14TH.