Camp Chihopi 2022
Counselor-in-Training Reference Form

_____ has applied to participate in the Counselor-in-Training program for Camp Chihopi, a 4-day camp for children ages 7-15 who have had liver or intestine transplants. The applicant is requesting that you complete this reference for his/her camp application. Please answer the questions based on your relationship with the applicant. The completed form can be faxed (412-692-6116), scanned/emailed (Beverly.Kosmach@chp.edu) or mailed to Beverly Kosmach-Park, Children's Hospital of Pittsburgh, Faculty Pavilion 6th Floor, 4401 Penn Ave. Pittsburgh, PA 15224

Note: This reference cannot be completed by a relative of the CIT applicant.

Your name_____

How do you know the applicant? _____

How long have you known the applicant? _____

Your phone number or email: _____

Please rate the applicant in the following categories by placing a check in the space provided.

Category	Always	Sometimes	Seldom	Never	Not Sure
Cooperative					
Prompt					
Courteous					
Energetic and enthusiastic					
Accepts instruction willingly					
Communicates well					
Works well in a group					
Dependable					
Fun to be with					
Good role model					
Is a leader					
Responsible					
Relates well with peers					
Accepts criticism					
Enjoys working with children					

Based on your knowledge of the recipient's strengths and weaknesses, would you recommend him/her for a CIT position at Camp Chihopi? Why or why not?

Is there any additional information that you feel would be important for us to know about the applicant?

Signature_____

Thank you for completing this reference!