



# C.I.L.T. Recommendation Form Camp Cherith® of Western New York

**Return to:**  
Evie White  
301 Kirkhoff Road  
Westminster, MD 21158  
[Rufous10@verizon.net](mailto:Rufous10@verizon.net)

CILT Applicant's Name \_\_\_\_\_

*The person named above has applied for participation in a leadership program at Camp Cherith. We are looking for self-motivated students who demonstrate initiative and leadership potential. Your input will help us determine if this individual is a good fit for our program.*

Name of Reference \_\_\_\_\_ email: \_\_\_\_\_

How long have you known the applicant and in what capacity? \_\_\_\_\_

**Please indicate by a check the aptitudes and characteristics of the applicant in the categories below:**

|   | OUTSTANDING | ABOVE AVERAGE | AVERAGE | NEEDS TO IMPROVE | LACKS THIS IN GENERAL |
|---|-------------|---------------|---------|------------------|-----------------------|
| Emotional maturity                        |             |               |         |                  |                       |
| Organizational ability                    |             |               |         |                  |                       |
| Ability to work with younger children     |             |               |         |                  |                       |
| Ability to work cooperatively with others |             |               |         |                  |                       |
| Responsiveness to supervision             |             |               |         |                  |                       |
| Ability to make wise decisions            |             |               |         |                  |                       |
| Dependability                             |             |               |         |                  |                       |
| Trustworthiness                           |             |               |         |                  |                       |
| Attitude                                  |             |               |         |                  |                       |
| Willingness to learn                      |             |               |         |                  |                       |
| Follows rules/procedures                  |             |               |         |                  |                       |

**Please circle the character traits that describe the applicant:**

- |             |            |             |               |               |                    |
|-------------|------------|-------------|---------------|---------------|--------------------|
| flexible    | stubborn   | respectful  | confident     | empathetic    | lazy               |
| patient     | intolerant | leader      | withdrawn     | follower      | undisciplined      |
| resistant   | prompt     | competitive | unpredictable | enthusiastic  | teachable          |
| predictable | adaptable  | moody       | cheerful      | strong-willed | considerate        |
| independent | shy        | considerate | disciplined   | depressed     | easily discouraged |

**Please answer the following question and offer any additional comments:**

Would you feel comfortable leaving your child under the supervision of this student as his/her counselor?  
\_\_\_\_ Yes \_\_\_\_ No If no, please explain.

I recommend that the applicant be accepted into the CILT program.  
\_\_\_\_ Yes \_\_\_\_ No \_\_\_\_ With reservation, explain \_\_\_\_\_

Signature: \_\_\_\_\_ Date: \_\_\_\_\_