girl scouts of eastern missouri

Girl Scouts of Eastern Missouri
2300 Ball Drive
St. Louis, MO 63146
314.592.2300 • 800.727.4475
www.girlscoutsem.org

REFERENCE FOR COUNSELOR-IN-TRAINING (C.I.T.)

Due April 15th

Name of Applicant _____1st Year CIT ___ 2nd Year CIT ____

References: CIT Applicants need to submit three references for their application into the program. References should be adults not related to the applicant. These can include present Troop Leaders, Assistant Troop Leaders, past Troop Leaders, school counselors, teachers, religious leaders, camp counselors or any other adult who knows the applicant.

REFERENCE:

Name _____ Phone _____

Address _____
Street City/State Zip

Nature of relationship with applicant _____

1. Troop Number _____ (if applicable)

2. Applicant's membership in troop _____ years (if applicable)

3. Duration of your acquaintance with applicant _____ years.

4. Please indicate the manner in which applicant has shown initiative and accepted responsibility.

_____

5. What is the applicant's experience, response and attitude in working with younger children?

_____

_____

_____

_____

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6. Please check the word which best characterizes the applicant.

	GOOD	AVERAGE	POOR
A. **Relationship to own age group:** When group is composed of new acquaintances			
When group is established or members are known			
Applicant's reaction to group criticism/ direction/ suggestion			
B. Appearance at:			
School/daytime activities			
Troop or group meetings			
Camp trips or outdoor experiences			
C. Poise with:			
Group (younger)			
Group (own age)			
Adults			
D. Reaction, Attitude and Adaptability			
Leadership of own age group			
Routine leadership duties under pressure			
Ability to assume leadership in emergency			
Tendency to be a quiet, but dependable follower			
Pride in Girl Scout membership (if applicable)			
Loyalty to group (troop, group, etc.)			
Sensitivity to needs of others			
Sense of humor (appropriately used)			
Ability to be a follower when appropriate			

E. Additional Comments:

_____

_____

_____

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7.

SKILLS:	**Ability to Teach**	**Knowledge**	**No Knowledge**
Fire Building: Wood			
Charcoal			
Tent Pitching & Striking			
Lashing			
Outdoor Cooking			
Menu Planning (for group)			
Dramatics			
Sports (Basketball, volleyball, etc.)			
Song Leading			
Nature Crafts			
Games (active, quiet, singing)			

8. Additional Comments:

_____

_____

_____

_____

_____
Signature of Reference Date

PLEASE RETURN TO:

Camping Services Department - C.I.T.
Girl Scouts of Eastern Missouri
2300 Ball Drive
St. Louis, MO 63146

THE APPLICANTS ENTRY INTO THE PROGRAM WILL NOT BE COMPLETED UNLESS THIS REFERENCE FORM IS RECEIVED. PLEASE RETURN IT BY THE DEADLINE DATE **APRIL 15.**