



Mount Desert Island

**An Equal Opportunity
Employer**

CIT Reference Form

PO Box 381, Mount Desert, ME 04660
Phone: (207) 244-0365
Fax: (207) 244-3355
www.campbeechcliff.org

Complete the first section of this form then, present it to your reference. Since this information is confidential, the completed form should be sent directly to Camp Beech Cliff.

* For sending via email, an electronic copy of this form can be found at <http://www.campbeechcliff.org/campforms.htm>

Applicant's Name: _____
Name of Reference: _____ Job Title: _____
Company/Organization Name: _____
Mailing Address of Reference: _____
Email: _____ Phone: _____

- How long have you known the applicant?
- In what capacity do you know the applicant (*as his/her supervisor, teacher, coach, etc.*)?
- Please describe two of the applicant's personality traits.

- How well does the applicant get along with others?

- How would you describe the applicant's ability to be responsible and work independently?

- To the extent you know, please tell us about the applicant's interaction with children.

Please return this form to Camp Beech Cliff, PO Box 381, Mount Desert, ME 04660 or via email to kevin@campbeechcliff.org