

## Camp Chihopi 2026 Counselor-in-Training Reference Form

\_\_\_\_\_ has applied to participate in the Counselor-in-Training (CIT) program for Camp Chihopi, a 4-day camp for children who have had liver, kidney, or intestine transplants. The applicant is requesting that you complete this reference for their 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](mailto:Beverly.Kosmach@chp.edu)) or mailed to Beverly Kosmach-Park, Children's Hospital of Pittsburgh, Faculty Pavilion 6<sup>th</sup> 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!**