

**TOWN OF NEW LEBANON ♦ SUMMER YOUTH PROGRAM
COUNSELOR/COUNSELOR IN TRAINING REFERENCE**

Dear Applicant,

You are required to provide three (3) references. Please choose three (3) people NOT related to you. Ask them if they would provide us with reference information for you. If they say yes, provide the information below for us to be able to contact them, this will most likely be a phone call from Colleen McCagg, the Director of Communications.

If you do not readily have your reference information, you can fill out the form below and return it within seven (7) days from date of application to:

Town of New Lebanon, P.O. Box 328, New Lebanon, New York 12125 Attention: SYP Director
OR you can hand it in, in person to any of the 3 directors, Jackie Howe, Colleen McCagg, Beth LaGrange. It is important that you include the references mailing address and telephone number so that if they are unable to be contacted via phone we are able to send out a letter. If you have any questions, please feel free to contact any of the directors via email at syp@townofnewlebanon.com.

Sincerely,

Jackie Howe-SYP Director of Compliance

Colleen McCagg-SYP Director of Communications

Beth LaGrange-SYP Director of Activities & Events

Applicant's Name(Your Name): _____

1. Reference's Name: _____

Mailing Address: _____

Telephone Number: _____

2. Reference's Name: _____

Mailing Address: _____

Telephone Number: _____

3. Reference's Name: _____

Mailing Address: _____

Telephone Number: _____