

REFERENCE FORM #1 - 4-H CAMP COUNSELOR POSITION

_____ is applying as a camp counselor at 4-H Camp this summer. The camp counselor selection committee would like your input about the applicant's ability to fulfill the responsibilities of a counselor. The information you include will not be shared with the applicant. Please complete this reference form based on *your* knowledge and/or observations. Thank you for your help.

1. Please mark how you would evaluate the applicant's qualities, using this scale:

	Excellent	Good	Fair	Poor	Not Known
Responsibility					
Communication skills					
Respect for others					
Dependability					
Enthusiasm					
Flexibility					
Patience					
Initiative					
Resourcefulness					
Ability to work with children (age 5-10)					
Ability to work with children (ages 11-14)					
Ability to work with other teens					
Ability to work with adults					

2. Please write any additional comments here:

Signed: _____ Date: _____

Printed Name: _____

Relationship to Applicant: _____

Email: _____ Phone: _____

Please return no later than November 10, 2017

OSU Extension, Warren County

Address: 320 E. Silver St.

FAX: 513.695.1111

E-mail: Brady.111@osu.edu

Please note: Please submit in a sealed envelope. For questions contact the OSU Extension Office.

REFERENCE FORM #2 - 4-H CAMP COUNSELOR POSITION

_____ is applying as a camp counselor at 4-H Camp this summer. The camp counselor selection committee would like your input about the applicant's qualities and ability to fulfill the responsibilities of a counselor. The information you include will not be shared with the applicant. Please complete this reference form based on *your* knowledge and/or observations. Thank you for your help.

1. Please mark how you would evaluate the applicant's qualities, using this scale:

	Excellent	Good	Fair	Poor	Not Known
Responsibility					
Communication skills					
Respect for others					
Dependability					
Enthusiasm					
Flexibility					
Patience					
Initiative					
Resourcefulness					
Ability to work with children (age 5-10)					
Ability to work with children (ages 11-14)					
Ability to work with other teens					
Ability to work with adults					

2. Please write any additional comments here:

Signed: _____ Date: _____

Printed Name: _____

Relationship to Applicant: _____

Email: _____ Phone: _____

Please return no later than November 10, 2017

OSU Extension, Warren County

Address: 320 E. Silver St.

FAX: 513.695.1111

E-mail: Brady.111@osu.edu

Please note: Please submit in a sealed envelope. For questions contact the OSU Extension Office.