



4-H Teen Camp Counselor Reference Form 2017

Teens: Please only provide references with this hard-copy reference form if the reference cannot or prefers not to complete the reference online.

References: Please complete this form and return by mail or email to the addresses listed below by December 22, 2016.

Thank you for agreeing to serve as a reference for a teenager who is applying for a Teen Camp Counselor position for the James City County Junior 4-H Camp. Camp Counselors supervise campers (ages 9-14) throughout the day and at night and help with camp classes and activities. **The role of Camp Counselor requires a great deal of maturity and responsibility as the counselors are one of our main forms of camper supervision and are responsible for keeping campers safe. Your honest evaluation of this teen's ability to perform these functions is very helpful.** If you have questions or concerns about this role, please contact Sally Brooks, the Extension 4-H Agent, at 757-564-2170 or saupton@vt.edu.

Name of 4-H Camp Counselor Applicant: _____

Your Name (Please print): _____ Phone Number: _____

In what capacity and for how long have you known the applicant?

Please rate the applicant on the following attributes:

	Excellent	Good	Fair	Poor	Not sure
Trustworthiness					
Works well with peers					
Works well with adults					
Works well with children					
Respectfulness					
Responsibility					
Maturity					
Leadership					
Obeys rules					
Caring (shows concern for others)					
Positive Attitude					
Self-control					
Cooperation/works well in a team					
Enthusiasm					
Communication Skills					
Dependability					
Initiative to do things without being told					
Good Role Model					
Exhibits Self-Confidence					

Virginia Cooperative Extension programs and employment are open to all, regardless of age, color, disability, gender, gender identity, gender expression, national origin, political affiliation, race, religion, sexual orientation, genetic information, veteran status, or any other basis protected by law. An equal opportunity/affirmative action employer. If you are a person with a disability and desire assistance or accommodation, please notify the James City County VCE Office at (757-564-2170/TDD*) during business hours of 8:15 a.m. and 5:00p.m. *TDD number is (800) 828-1120.



Do you know of any reason why this person should not work with children? (If yes, please explain.)

Would you recommend the applicant to serve as a Camp Counselor working with children in a supervisory role?

Yes, wholeheartedly Yes, with some reservation No

Other comments or information you think we should know when making our selections:

Signature: _____ **Date:** _____

Please return this form:

By Mail:

VCE-James City County
PO Box 69
Toano, VA 23168

Or By Email:

saupton@vt.edu

Forms are due by December 22, 2016.



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