CAMP STRANG
CAMP STAFF REFERENCE FORM

_________________________ is applying for a seasonal position on the camp staff with Camp Strang of the Edmund Strang Scout Reservation, a Boy Scout summer camp for the Housatonic Council. Camp Staffs are responsible for providing quality program to Boy Scouts and adult leaders. We would greatly appreciate your evaluation of this applicant. Please complete this form at your earliest convenience and return to: Housatonic Council, 111 New Haven Avenue Derby, CT 06418. All information will be kept confidential.

How long have you known this applicant? Years_______ Months_______
In what capacity do you know the applicant?

Your comments are of the utmost importance as we select staff for the upcoming camping season. Please circle the phrase the best describes this applicant.

APPEARANCE (grooming, dress)  Flawless  Well-Groomed  Generally Neat  Slovenly
DEPENDABILITY    Exceptional  Dependable  Requires Supervision  Irresponsible
INITIATIVE  Resourceful/Self Motivated  Industrious  Has Necessary Drive  Indifferent
PERSONALITY  Bland  Pleasing  Outgoing  Magnetic
COOPERATION WITH PEERS  Inspires Confidence  Cooperates Willingly  Usually Cooperative  Obstructionist
LEADERSHIP  Inspirational  Able to Take Charge  Good Team Member  Incapable of Leading
ATTITUDE  Always Enthusiastic  Positive  Generally Acceptable  Negative
COMMON SENSE  Always  Uses Sound Judgment  Usually Sound  Needs Experience
ORAL COMMUNICATIONS  Eloquent  Excellent Grammar  Satisfactory  Limited
INTEGRITY  Always Trustworthy  Generally Reliable  Sometimes Lacking  Can't Be Trusted

What, in your estimation, is this person's greatest ability? ____________________________________________________________

What, in your estimation, might be this person's weakness? ____________________________________________________________

Do you know of any reason this applicant could not serve in a camp leadership role? Yes____ No____
If yes please state why: __________________________________________________________________________________________

Would you entrust the care of your children to this individual?  Yes _______  No _______

RECOMMENDATION:  ___________ Highly recommend employment
  ___________ Recommend employment
  ___________ Do not recommend employment

Please put any additional comments on the reverse side.

NAME: ________________________ Signature: _________________________
Please print

Phone: ________________________ Date _______________________________