

REFERENCE FORM

_____ is applying as a camp counselor at 4-H Camp this summer. The camp counselor selection committee would like your input about the 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 January 19, 2024

OSU Extension Pickaway County
110 Island Rd, Suite B
Circleville, OH 43113
FAX: 740-474-7967
E-mail: sharp.5@osu.edu

Please note: Please email, fax, or submit in a sealed envelope. For questions contact the OSU Extension Office at 740-474-7534.



THE OHIO STATE UNIVERSITY

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AND ENVIRONMENTAL SCIENCES



PICKAWAY COUNTY EXTENSION

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