

Camp Counselor Recommendation Form

_____ is applying as a Camp Counselor at the Harford County 4-H Camp (2024). The Camp Directors would like your input regarding this individual’s abilities to fulfill the responsibilities of being a Camp Counselor. The information you include will not be shared with the applicant. Please complete this recommendation based upon your knowledge and/or observation. Thank you for your assistance.

| Qualities | Excellent | Good | Fair | Poor | Unknown |
|--------------------------------------------|------------------|-------------|-------------|-------------|----------------|
| Responsibility | | | | | |
| Communication Skills | | | | | |
| Respect for Others | | | | | |
| Leadership | | | | | |
| Dependability | | | | | |
| Enthusiasm | | | | | |
| Flexibility | | | | | |
| Patience | | | | | |
| Initiative | | | | | |
| Resourcefulness | | | | | |
| Ability to work with children | | | | | |
| Ability to work with teens | | | | | |
| Ability to work with adults | | | | | |
| Involvement in school/community activities | | | | | |
| Problem Solving | | | | | |

1. How long have you known the applicant and at what capacity?

2. Please add any additional comments you may have about this applicant that may assist the Camp Directors in the selection process. Please use a separate sheet of paper if necessary.

Signed: _____ Date: _____

Please return no later than December 15, 2023.

You may return the form to the applicant in a sealed envelope or return to:

Harford County 4-H

Marylisa Schaedel

3525 Conowingo Rd. Suite 600

Street, MD 21154

For questions, please contact Marylisa Schaedel, 410-638-3255 or mschaede@umd.edu

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