



Camp Counselor Recommendation Form

_____ is applying as a Camp Counselor at the Harford County 4-H Camp (2022). The Camp Directors 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 recommendation form based on your knowledge and/or observation. Thank you for your assistance.

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

Qualities	Excellent	Good	Fair	Poor	Not Known
Responsibility					
Communication Skills					
Respect for others					
Leadership Ability					
Dependability					
Enthusiasm					
Flexibility					
Patience					
Initiative					
Resourcefulness					
Ability to work with children					
Ability to work with other teens					
Ability to work with adults					
Involvement in school/community activities					
Problem Solving					

1. How long have you known the applicant and what capacity do you know them?
2. Please add any additional comments you may have concerning 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 February 1, 2022.

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

Harford County 4-H Office
Attn: Darleen Binns, Camp Director
3525 Conowingo Road, Suite 600
Street, Maryland 21154

Note: For questions, contact Darleen N. Binns at 443.987.8893 or campdirector.hc2022@gmail.com

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