

The Salvation Army's Day Camp Counselor in Training Program



This form does NOT need to be turned in at the time of registration.

It is due by May 1st, 2017

To be filled out by one of the applicants teachers, coach or other adult.

Student's Name _____

Adult's Name _____ Date _____

How do you know this individual?

Please rate the following abilities for student. 1 being lowest; 5 being the highest.

Leadership 1 2 3 4 5

Creativity 1 2 3 4 5

Responsibility 1 2 3 4 5

Helpfulness 1 2 3 4 5

Decision Making 1 2 3 4 5

Please indicate your feelings on this student working with kids:

Comments:

Signed _____ Telephone# _____

