



# Tom Denney Nature Camp

## Staff Reference Form

Name of Staff: \_\_\_\_\_ Time Period Known: \_\_\_\_\_

Name of Evaluator(s): \_\_\_\_\_ Capacity Known: \_\_\_\_\_

	Excellent	Fair	Poor	N/A	Comments
Ability to lead					
Ability to work with a team					
Ability to be a mentor to younger staff					
Ability to take criticism					
Communication skills					
Has good judgment					
Adaptability					
Enthusiasm					
Patience					
Consideration of safety					

What are the person's strongest characteristics/skills in the capacity that you know them?

What characteristics/skills might this person be able to improve on?

Would you trust this person with the safety and well-being of your own child?

Is there anything you think we should know?

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Title/Organization: \_\_\_\_\_ Phone Number: \_\_\_\_\_

Please either return this form to the person, or if you wish to keep it confidential, then please check the box below and return to:  
Tom Denney Nature Camp, PO Box 14, Bolton, MA 01740

Please keep confidential