----STAFF APPLICANT-Scoutmaster's Recommendation----

OCKANICKON SCOUT RESERVATION

Scout's Name: _____Troop # _____

SCOUTMASTER: _____

ADDRESS: _____

_____

PHONE: _____

The Scout listed above has applied to become a member of the Ockanickon summer staff. We would appreciate your evaluation of this individual. Please circle your evaluation using the scale below.

Scale: 1=not at all, 2=sometimes, 3=unsure, 4=most of the time, 5=almost always

1) TRUSTWORTHY	1 2 3 4 5	7) OBEDIENT	1 2 3 4 5
2) LOYAL	1 2 3 4 5	8) CHEERFUL	1 2 3 4 5
3) HELPFUL	1 2 3 4 5	9) THRIFTY	1 2 3 4 5
4) FRIENDLY	1 2 3 4 5	10) BRAVE	1 2 3 4 5
5) COURTEOUS	1 2 3 4 5	11) CLEAN	1 2 3 4 5
6) KIND	1 2 3 4 5	12) REVERENT	1 2 3 4 5

Follow-up Questions:

A) Is this Scout ready to spend a 9-week period away from home? _____

B) Will this Scout be a good representative of your Troop at camp?_____

C) How well does this Scout work with others? _____

_____

D) Please use the back of this form for any concerns or comments you might have about this Scout serving on a summer camp staff.

E) Do you wish to be contacted by phone to discuss any concerns? _____

Please mail this form to: Washington Crossing Council, BSA
Attn: Camp Director
1 Scout Way
Doylestown PA 18901

WE VALUE YOUR INPUT- THANKS FOR YOUR HELP WITH THIS CANIDATE