



4-H Summer Camp Reference Form



Name of 4-H Member: _____ Grade: _____

Camp Position Applying For: _____

As part of the process for selecting youth for Sheboygan and Manitowoc Counties 4-H Camp the selection committee is seeking recommendation and information for each candidate. Please provide us your input regarding the following areas:

	<u>Unknown</u>	<u>Poor</u>	<u>Fair</u>	<u>Good</u>	<u>Excellent</u>
• Leadership Qualities	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
• Maturity	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
• Communication Skills	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
• Responsibility	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
• Positive Attitude	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
• Teamwork	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
• Patience	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
• Problem Solving	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

How many years have you known this youth? _____ What are your connections to this youth?

Please provide additional comments in the space below:

Printed Name:	Title:
Signature:	Date:

THIS FORM IS TO BE RETURNED TO THE 4-H MEMBER OR THE UWEX OFFICE BY FEBRUARY 3, 2025

Sheboygan and Manitowoc County 4-H is a program of UW-Madison, Division of Extension

THANK YOU!

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