



**NORTH CENTRAL 4-H CAMP PRESENTS...**  
**CLOVERBUD CAMP**  
**JUNE 28-30, 2024**

**A CAMP JUST FOR OUR 6 TO 8 YEAR OLDS**



**JOIN US FOR A WEEKEND AT THE "GREATEST CAMP ON EARTH"**



**APPLICATIONS ARE OPEN ON OUR WEBSITE -  
 GARRARD.CA.UKY.EDU OR PICK UP THE APPLICATION  
 AT GARRARD COUNTY COOPERATIVE EXTENSION  
 OFFICE, 1302 STANFORD ROAD, LANCASTER, KY  
 40444. TRANSPORTATION IS NOT PROVIDED.**

**ADULT CAMP  
 FEE: \$75**



**Cooperative  
 Extension Service**

Agriculture and Natural Resources  
 Family and Consumer Sciences  
 4-H Youth Development  
 Community and Economic Development

**MARTIN-GATTON COLLEGE OF AGRICULTURE, FOOD AND ENVIRONMENT**

Educational programs of Kentucky Cooperative Extension serve all people regardless of economic or social status and will not discriminate on the basis of race, color, ethnic origin, national origin, creed, religion, political belief, sex, sexual orientation, gender identity, gender expression, pregnancy, marital status, genetic information, age, veteran status, physical or mental disability or reprisal or retaliation for prior civil rights activity. Reasonable accommodation of disability may be available with prior notice. Program information may be made available in languages other than English.  
 University of Kentucky, Kentucky State University, U.S. Department of Agriculture, and Kentucky Counties, Cooperating.  
 Lexington, KY 40506



Disability  
 accommodated  
 with prior notification.

**UK** Cooperative  
 Extension Service



HCP Approval Stamp

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Kentucky 4-H Camping 2024  
Camp Participant Registration – Adult Volunteer

Last Name:	Legal First Name:	Middle Name:	Preferred Name:
Attended camp before? <input type="checkbox"/> Yes - # years: ____ <input type="checkbox"/> No	Biological Sex: <input type="checkbox"/> Male <input type="checkbox"/> Female	Cell Phone Number:	Date of Birth:
Shirt Size: (Select One) AS AM AL AXL A2XL A3XL A4XL	Email Address:		County:
Participant's Home Address:		<input type="checkbox"/> Yes - I would like to receive email notifications of upcoming statewide Camp-Sponsored Events and Promotions at the email address listed above.	Participant's Race: <input type="checkbox"/> White <input type="checkbox"/> Black <input type="checkbox"/> Asian <input type="checkbox"/> American Indian <input type="checkbox"/> Hawaiian <input type="checkbox"/> Other
		Participant's Ethnicity: <input type="checkbox"/> Hispanic <input type="checkbox"/> Non-Hispanic	
Emergency Contact Name:	Relationship to Participant:	Cell/Home Phone:	

Are there any specific behaviors, medical needs, dietary needs, accommodations, or information which the staff should be made aware of to provide a better camp experience for the participant?

Does the participant have health insurance coverage?

- YES (Insert a JPEG or PNG file – front and back – of the insurance card in the boxes below.)
- NO
- ACTIVE DUTY MILITARY (not required to provide a copy of Military ID/Insurance Card)

FRONT OF INSURANCE CARD

BACK OF INSURANCE CARD





**PARTICIPANT NAME:** \_\_\_\_\_

**AUTHORIZATIONS/RELEASES**

*This is a legal document. You must read and understand it before signing.*

**MEDIA RELEASE:**

I grant the Kentucky 4-H Program and the University of Kentucky, Kentucky State University, and persons acting through them, the right to use, reproduce, assign, and/or distribute photographs, films, videotapes, and sound recordings of me without compensation for use in promotions/advertising, educational publications, electronic publishing, and personal memorabilia. Participant names may be published.

**CONSENT TO TREAT:**

I hereby permit the camp to provide routine health care, administer over the counter medication, assist in administering participant’s prescription medications as needed, and seek emergency medical treatment including ordering x-rays and routine tests. I agree to the release of any records necessary for treatment, referral, billing, or insurance purposes. I permit the camp to arrange necessary related transportation for me. I hereby permit the physician selected by the camp to secure and administer treatment, including trips off camp property.

**CODE OF CONDUCT:**

I have read and reviewed the adult volunteer position description and volunteer expectations. I understand and agree to comply with the guidelines. Violations may result in loss of privileges, removal from camp with no refund, assessment of a damage fee for which I will be responsible for paying, and/or ineligibility to participate in future 4-H events. An incident report will be completed for major violations.

**ASSUMPTION OF RISK, RELEASE OF LIABILITY, and PERMISSION TO PARTICIPATE:**

I acknowledge that there are certain risks, hazards, and dangers, including the risk of physical injury, disability, or death and risk of loss of use or damage to my personal property as a result of allowing participation in the camping program. Risks include but are not limited to recreational games and traditional camp activities, transportation accidents, weather-related hazards and natural disasters, infectious diseases, the possibility of slips and falls, pinches, scrapes, twists, and jolts that could result in scratches, bruises, sprains, lacerations, fractures, concussions, or even more severely debilitating or life-threatening hazards. I understand that injury or loss may result from unknown or unexpected risks and the use of equipment, materials, or facilities recommended by the University of Kentucky; environmental conditions; from the acts or omissions of others; or from the unavailability of immediate and adequate emergency medical care. I understand that the University of Kentucky does not guarantee the personal health or safety of participants, nor does it protect against the risk of loss of personal property. In consideration for participating in the camping program, I do hereby release the University of Kentucky, the University of Kentucky Cooperative Extension Service, the county Extension District Board(s), the 4-H Camp, Kentucky State University and their trustees, directors, officers, members, agents, employees, volunteers, and assigns from any and all liability, damages, cost, and expenses arising out of or relating to bodily or psychological injury, loss of life, or personal property that may occur as a result of participating in the camping program. I understand that my participation in the Kentucky 4-H Summer Camping Program is based on the challenge by choice philosophy. I recognize that programs are designed to use experiential, engaging teaching techniques, but that my participation is purely voluntary, always, and I will choose my level of participation in any activity (including, but not limited to: high ropes, rock climbing, low challenge elements, rifles, archery, trap shooting, horses, and cave exploration).

I understand that my participation in this activity may entail certain anticipated and unanticipated risks regarding personal injury or illness. I further understand and acknowledge that there is currently a COVID-19 pandemic in the U.S. and that there may be health risks associated with entering facilities and/or participating in activities and events owned or operated by the University of Kentucky or the University of Kentucky Cooperative Extension Service. I hereby acknowledge my voluntary and informed assumption of full responsibility and liability regarding any injuries or illness, including COVID-19, that I may incur coincident to my participation in this activity.

Participant Signature: \_\_\_\_\_

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

**Are you looking to buy some camp gear? [www.4hcampstore.com](http://www.4hcampstore.com)**

**Are you looking for more volunteer opportunities? [www.4hcampevents.com](http://www.4hcampevents.com)**



## Volunteer Application Kentucky Cooperative Extension Service

Kentucky Cooperative Extension Service takes seriously its obligation to provide a safe environment for all persons involved in volunteer activities. This application will gather information necessary to successfully match the applicant with the appropriate position. When questions arise about qualifications, answers given by the application will be verified.

### I. GENERAL INFORMATION

Name \_\_\_\_\_  
(FIRST) (MIDDLE) (LAST)

e-mail \_\_\_\_\_

Phone: Primary \_\_\_\_\_ Mobile \_\_\_\_\_

Other \_\_\_\_\_ Work \_\_\_\_\_

Mailing Address \_\_\_\_\_  
(STREET, BOX, ROUTE, APT #) (CITY) (STATE) (ZIP)

Residential Address (If different from above): \_\_\_\_\_  
(Street, Box, Route, Apt#) (City) (State) (Zip)

How long have you lived at present address? \_\_\_\_\_ years

If less than five years, list your prior addresses and the length of time you lived at each.

\_\_\_\_\_  
(STREET, BOX, ROUTE, APT #) (CITY) (STATE) (ZIP) (Length of Stay)

\_\_\_\_\_  
(STREET, BOX, ROUTE, APT #) (CITY) (STATE) (ZIP) (Length of Stay)

**Ethnicity:** (check one):  Hispanic or Latino  Not Hispanic or Latino

**Racial Groups** (check all that apply):  White  Black or African American  
 American Indian or Alaskan Native  Asian  
 Native Hawaiian or Other Pacific Islander

**Gender:**  Female  Male  Other: \_\_\_\_ **Occupation:** \_\_\_\_\_

\_\_\_\_\_  
**Employer:** \_\_\_\_\_

If you were a 4-Her, indicate County: \_\_\_\_\_ State: \_\_\_\_\_

If you have volunteered with youth (including 4-H), how long did you do so? \_\_\_\_\_

If yes, list City: \_\_\_\_\_ County: \_\_\_\_\_ State: \_\_\_\_\_

Have you been convicted of two or more moving vehicle violations in the last 12 months?

Yes  No If yes, please explain: \_\_\_\_\_

Extension staff with whom you worked. Name: \_\_\_\_\_ Phone: \_\_\_\_\_  
 Previous Volunteer Experience (LIST CURRENT OR MOST RECENT EXPERIENCE FIRST)

ORGANIZATION	VOLUNTEER ROLE	YEAR(S)

## II. EMERGENCY CONTACT INFORMATION

Name \_\_\_\_\_  
(FIRST) (MIDDLE) (LAST)

e-mail \_\_\_\_\_

Phone: Primary \_\_\_\_\_ Mobile \_\_\_\_\_  
 Other \_\_\_\_\_ Work \_\_\_\_\_

## III. PERSONAL REFERENCES

List two people, not related to you, who know about your qualifications and experiences working as a volunteer. If you have previous experience as a volunteer with a youth organization, one reference should be from that youth organization. Please include complete address and phone number.

1) NAME: \_\_\_\_\_ cell phone \_\_\_\_\_ work phone \_\_\_\_\_  
 Address \_\_\_\_\_  
(Street) (City) (State) (Zip)

How do you know this person? \_\_\_\_\_ email \_\_\_\_\_

2) NAME \_\_\_\_\_ cell phone \_\_\_\_\_ work phone \_\_\_\_\_  
 Address \_\_\_\_\_  
(Street) (City) (State) (Zip)

How do you know this person? \_\_\_\_\_ email \_\_\_\_\_

I authorize the contact of the references listed above.

I understand an annual Criminal Record Check may be conducted. I understand that the misrepresentation or omission of information requested is just cause for non-appointment/ termination/disengagement as a volunteer.

If accepted as a volunteer, I agree to abide by the standards of the Kentucky Cooperative Extension Service and to fulfill the volunteer responsibilities to the best of my abilities. I understand that the purpose of 4-H Youth Development programs is to develop youth individually and as responsible, productive citizens. I recognize that Extension programs are part of the College of Agriculture, in which USDA, the University of Kentucky, Kentucky State University and all Kentucky counties share. As a volunteer, I am committing to involve individuals regardless of race, color, ethnic origin, national origin, creed, religion, political belief, sex, sexual orientation, gender identity, gender expression, pregnancy, marital status, genetic information, age, veteran status, or physical or mental disability.

\_\_\_\_\_  
Signature of volunteer

\_\_\_\_\_  
Date



## Motor Vehicle Record (MVR) Release and Information Form

Please provide all requested information and email form to [Eausby@uky.edu](mailto:Eausby@uky.edu) in UK Risk Management

UK Risk Management  
306 Peterson Service Building  
Lexington, KY 40506-0005  
Phone: (859) 257-3708

Services provided by:  
Underwriter's Safety & Claims  
Phone: (502) 244-1343

Please attach scan of Drivers' License.

### Department Information:

UK Department: \_\_\_\_\_ Department Number: \_\_\_\_\_

Supervisor/Contact: \_\_\_\_\_ Supervisor/Contact Phone: \_\_\_\_\_

Driver Information: Check One  Employee  4-H Volunteer  Other: \_\_\_\_\_

Name: \_\_\_\_\_ Phone: \_\_\_\_\_  
Exactly as it appears on Drivers' license

Address: \_\_\_\_\_ City: \_\_\_\_\_ ST: \_\_\_\_\_ Zip: \_\_\_\_\_

Sex: \_\_\_\_\_ Date of Birth: \_\_\_\_\_ County: \_\_\_\_\_

Drivers License Number: \_\_\_\_\_ State: \_\_\_\_\_

Years Driving Experience Yrs.: \_\_\_\_\_ Mos.: \_\_\_\_\_ Date of Hire: \_\_\_\_\_

In connection with any application made by me, I understand that investigative background inquiries may be made on me concerning matters of motor vehicle information. I understand that you may be requesting information from various Federal, State, and other agencies which maintain records concerning past activities relating to my driving records.

I authorize, without reservation, any party or agency contacted to furnish the above-mentioned information and agree to hold harmless, the University of Kentucky, its Board of Trustees, officers, employees, agents, and representatives from any liability and/or responsibility for doing so. I hereby give consent to the University of Kentucky to obtain such information from Underwriter's Safety & Claims and/or any of their agents. This authorization and consent shall be valid in an original, fax, copy or electronic form. I recognize that these inquiries may be made randomly in the future and no further authorization is required by me.

Failure to provide all information requested may result in a delay of University of Kentucky driving privileges.

Driver's Signature: X \_\_\_\_\_ Date: \_\_\_\_\_

Email completed forms to Eunice Ausby at [Eausby@uky.edu](mailto:Eausby@uky.edu)

Criminal Record Check Request

**University of Kentucky Extension Volunteer Criminal Record Check Request**

**DISCLOSURE AND AUTHORIZATION FORM TO OBTAIN CONSUMER REPORTS**  
*Please Read Carefully Before Signing the Authorization*

In considering you for a volunteer role, Kentucky Extension will request a criminal record check from Verified Volunteers. (855) 326-1860 [www.verifiedvolunteers.com](http://www.verifiedvolunteers.com) as well as two personal references.

For explanation purposes:

- a “criminal record check” is a written communication of information, used in making a volunteer-related decision about you. This may include criminal history reports and driving records.
- a “personal reference” is a report of information on your character, reputation, personal characteristics, or mode of living obtained from prior employers, neighbors, friends, associates or others who have such knowledge. You are entitled to disclosures regarding the nature and scope of the information requested and “A Summary of Your Rights under the Fair Credit Reporting Act.” (Note: We will **not** run a credit check on any potential volunteer. This is simply the name of the bill.)

We must have your written authorization to obtain a criminal record check and personal reference. Before any adverse action is taken, based on information in those reports, you will be provided a copy of that report, the name, address and telephone number of Verified Volunteers and a summary of your rights under the FCRA.

To obtain a Criminal Record Check, please print your information clearly and accurately:

First Name: \_\_\_\_\_ Middle: \_\_\_\_\_ Last: \_\_\_\_\_

Social Security Number: \_\_\_\_\_ Email: \_\_\_\_\_

Date of Birth: \_\_\_\_\_ Phone Number: \_\_\_\_\_

Driver’s License #: \_\_\_\_\_ Driver’s License State: \_\_\_\_\_

Current Address: 1: \_\_\_\_\_ From \_\_\_\_\_ To \_\_\_\_\_

**Seven Year Address History:**

Address 2: \_\_\_\_\_ From \_\_\_\_\_ To \_\_\_\_\_

Address 3: \_\_\_\_\_ From \_\_\_\_\_ To \_\_\_\_\_

Address 4: \_\_\_\_\_ From \_\_\_\_\_ To \_\_\_\_\_

Address 5: \_\_\_\_\_ From \_\_\_\_\_ To \_\_\_\_\_

Maiden/Alias Names Used: \_\_\_\_\_

I understand that failure to provide the information requested will prohibit my involvement as a volunteer for the University of Kentucky. I understand that failure to accurately provide the information requested may result in my prosecution under KRS 523.100.

***I hereby give permission to the University of Kentucky to obtain a Criminal Record Report on me.***

\_\_\_\_\_ (signature) \_\_\_\_\_ (date)



## Child Abuse and Neglect Registry Check Authorization

In addition to the other background check requirements of the University, volunteering with the University of Kentucky Cooperative Extension Service requires receipt of a letter from the Cabinet for Health and Family Services stating you have no findings of substantiated child abuse or neglect found through a background check of child abuse and neglect records. The Child Abuse and Neglect Registry (CAN) check may be updated periodically. Should this process reveal an adverse event, as determined by the University of Kentucky in its sole discretion, or should you falsify your application by neglecting to disclose requested information or by providing incorrect information, your volunteer role may be suspended or terminated.

Please complete the following:

**Name:** \_\_\_\_\_  
                     (First)                                    (Middle)                                    (Maiden/Nickname/Other)                                    (Last)

**Sex:** \_\_\_\_\_ **Race:** \_\_\_\_\_ **Date of Birth:** \_\_\_\_\_

**Social Security/Individual Taxpayer Identification #:** \_\_\_\_\_

**Date:** \_\_\_\_\_

Please list your addresses for the last five years. Use another sheet of paper, if necessary.

**Present Address:** \_\_\_\_\_  
                                     Street                                    City                                    State                                    Zip Code

**Previous Address:** \_\_\_\_\_  
                                     Street                                    City                                    State                                    Zip Code

**Previous Address:** \_\_\_\_\_  
                                     Street                                    City                                    State                                    Zip Code

**Previous Address:** \_\_\_\_\_  
                                     Street                                    City                                    State                                    Zip Code

**Previous Address:** \_\_\_\_\_  
                                     Street                                    City                                    State                                    Zip Code



**PLEASE READ CAREFULLY:** I hereby authorize the University of Kentucky to complete a child abuse and neglect registry check (“CAN Check”) on me. I further understand and acknowledge that volunteering with the University of Kentucky Cooperative Extension Service is contingent upon the successful completion of the CAN Check, as determined by the University in its sole discretion. I understand and agree that the CAN Check may be updated periodically, and that successful completion of the CAN Check is required. I understand and agree that my full participation in and cooperation with the CAN Check both before and during volunteering with the University of Kentucky Cooperative Extension Service is voluntary, and that should I choose not to participate and/or cooperate with the CAN Check, my volunteer role will be terminated. I further understand and agree that all University of Kentucky Cooperative Extension Service volunteers serve at the will of the University of Kentucky and volunteer roles may be suspended or terminated by the University in its sole discretion with or without advance notice.

I hereby authorize the University of Kentucky to obtain these CAN Check reports from the Kentucky Cabinet for Health and Family Services or any consumer/credit reporting agency for purposes of determining my eligibility to volunteer with the University of Kentucky Cooperative Extension Service.

I hereby assume any and all risks associated with this CAN Check and expressly waive, release, discharge and hold harmless, the University of Kentucky, its trustees, directors, officers, agents, employees and assigns from and against any and all liability for loss, damage, injury, illness or claim of any nature whatsoever, however caused, arising out of, in association with, or related in any way to the CAN Check.

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**Signature**

**Date**



## Kentucky CES Expectations for Volunteers

Trust is placed in the Kentucky Cooperative Extension Service to provide quality leadership and care for individuals participating in CES programs. The opportunity to work with youth is a privileged position of trust that should be held only by those who are willing to demonstrate behaviors that fulfill this trust. These expectations for volunteers guide their involvement in Kentucky Extension activities.

The purpose of these expectations for volunteers is to ensure the safety and well-being of all participants (i.e., youth, their parents, and families, paid and volunteer staff). Kentucky CES volunteers are expected to function within the guidelines of Kentucky CES and Kentucky 4-H.

The following statements relate to the role of a volunteer with Kentucky CES and represent a contractual agreement between a volunteer and Kentucky CES.

- I will represent Kentucky CES to youth and adults by conducting myself with courteous manners and language, exhibiting good sportsmanship, serving as a positive role model, and demonstrating appropriate conflict resolution skills.
- I will abide by all applicable laws and CES rules, policies, and guidelines. This includes, but is not limited to, child abuse, fiscal management procedures and substance abuse.
- I will accept supervision and support from Extension staff or management volunteers.
- I will participate in orientation and on-going volunteer education and development, including client protection standards.
- I will not consume or allow others to use alcohol or illegal drugs at any CES function.
- I will, when transporting others, operate vehicles and equipment in a safe and reliable manner and only with a valid operator's license. I will comply with all vehicular regulations and laws. All passengers will be secured by properly operating seat belts. I have the minimum vehicle insurance coverage required by the Commonwealth of KY.
- I will accept the responsibility to promote and support the vision, mission, and values of Kentucky CES and its programs.
- I will conduct myself in a manner that is in the best interest of youth, adults and CES and will not use the volunteer position for purposes of personal gain.
- I will treat animals in a humane manner and teach program participants to provide appropriate animal care and management.
- I will use technology (including social media) in an appropriate manner that reflects the best practices in youth development.
- I will not practice, condone, tolerate, or allow bullying, hazing, harassment, or malicious pranks.
- I will ensure that educational programs of KY Cooperative Extension serve all people regardless of economic or social status and will not discriminate based on race, color, ethnic origin, national origin, creed, religion, political belief, sex, sexual orientation, gender identity, gender expression, pregnancy, marital status, genetic information, age, veteran status, or physical or mental disability.

I have read, understand, and agree to abide by these expectations for volunteers. I understand that suspension or termination of my position will result if I do not meet these expectations.

\_\_\_\_\_  
Signature of Volunteer

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature of Supervisor or Agent

\_\_\_\_\_  
Date



# Criminal Record (Background) Check Results (attach here)

## Disclosure Regarding Volunteer Background Report

Kentucky Cooperative Extension Service ("COMPANY") may obtain from Sterling Volunteers, 1 State Street Plaza, New York, NY 10004, (855) 326-1860. [www.sterlingvolunteers.com](http://www.sterlingvolunteers.com), a consumer report and/or an investigative consumer report ("REPORT") that contains background information about you in connection with volunteerism. Verified Volunteers may obtain further reports throughout your volunteerism so as to update your report without providing further disclosure or obtaining additional consent.

The REPORT may contain information about your character, general reputation, personal characteristics, and mode of living. The REPORT may include, but is not limited to, credit reports and credit history information; criminal and other public records and history; public court records; motor vehicle and driving records; and Social Security verification and address history, subject to any limitations imposed by applicable federal and state law. This information may be obtained from public record, and private sources, including credit bureaus, government agencies and judicial records, and other sources.

If an investigative consumer REPORT is obtained, in addition to the description above, the nature and scope of any such REPORT will be for personal reference.

Applicant's Signature \_\_\_\_\_ Date \_\_\_\_\_

## Authorization to Obtain a Criminal Record Check (Background Report)

I have read the Disclosure Regarding Volunteer Background Report provided by Kentucky Cooperative Extension Service ("COMPANY") and this Authorization to Obtain Volunteer Background Report. By my signature below, I hereby consent to the preparation by Verified Volunteers, a consumer reporting agency located at 1 State Street Plaza, New York, NY 10004, (855) 326-1860, [www.sterlingvolunteers.com/](http://www.sterlingvolunteers.com/) of background reports regarding me and the release of such reports to the COMPANY and its designated representatives, to assist the COMPANY in making a volunteer decision involving me at any time after receipt of this authorization and throughout my volunteerism, to the extent permitted by law. To this end, I hereby authorize, without reservation, any state or federal law enforcement agency or court, educational institution, motor vehicle record agency, credit bureau or other information service bureau or data repository, to furnish any and all information regarding me to Verified Volunteers and/or the COMPANY itself and authorize Verified Volunteers to provide such information to the COMPANY. I agree that a facsimile ("fax"), electronic or photographic copy of this Authorization shall be as valid as the original.

I acknowledge receipt of a copy of the Consumer Financial Protection Bureau's "A SUMMARY OF YOUR RIGHTS UNDER THE FAIR CREDIT REPORTING ACT."

Applicant's Name (Printed): \_\_\_\_\_

Applicant's Signature: \_\_\_\_\_

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



# Kentucky Cooperative Extension Service Volunteer Reference Form

Applicant's Name \_\_\_\_\_

Reference Name \_\_\_\_\_ Phone (    ) \_\_\_\_\_

Address \_\_\_\_\_  
*Street City State Zip*

Position applying for \_\_\_\_\_  
(Provide a written volunteer position description if done by letter. Provide a brief synopsis of the volunteer position description if done by telephone.)

Interviewer's Signature \_\_\_\_\_

Date of Telephone Interview \_\_\_\_\_  
(If done by letter, use date of completion.)

\*\*\*\*\*

1. How long have you known the applicant? \_\_\_\_\_

2. What are the applicant's strengths and weaknesses as applied to this position?

Strengths: \_\_\_\_\_

\_\_\_\_\_

Weaknesses: \_\_\_\_\_

\_\_\_\_\_

3. Would you be willing to place a child or a member of a vulnerable audience responsible under their supervision? No \_\_\_ Yes \_\_\_ Why or why not?

\_\_\_\_\_

3. Why do you consider this applicant to be a positive role model?

\_\_\_\_\_



4. In comparison with people you have known, how would you rate the applicant in the following areas?

	<u>Below</u> <u>Average</u>	<u>Average</u>	<u>Outstanding</u>
Emotional maturity	_____	_____	_____
Leadership	_____	_____	_____
Enthusiasm and energy	_____	_____	_____
Self-confidence	_____	_____	_____
Sense of humor	_____	_____	_____
Handling emergencies	_____	_____	_____
Understanding of children	_____	_____	_____
Communication skills	_____	_____	_____
Dependability	_____	_____	_____
Patience	_____	_____	_____
Ability to work with children	_____	_____	_____

5. If given the opportunity, would you select this person for this position?

No \_\_\_ Yes \_\_\_

Why or why not?

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6. Please feel free to share any additional information about this applicant.

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