

## Staff Recommendation Form Treasure Valley Scout Reservation Mohegan Council, Boy Scouts of America

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

As part of the Treasure Valley Scout Reservation of the Boy Scouts of America, Treasure Valley Scout Reservation offers summer programs in an outdoor setting. The success of the program is due in large part to the seasonal staff that Treasure Valley Scout Reservation hires. With your help, we hope to hire people of good character who can be entrusted with the responsibility of working with young people and leaders participating in our programs. We appreciate your frank and careful evaluation of the applicant named at the top of this page.

In what capacity do you know this person? \_\_\_\_\_  
(Examples are Scoutmaster, neighbor, teacher, employer, etc.)

How well do you know this applicant? \_\_\_\_\_ Very Well \_\_\_\_\_ Rather Well \_\_\_\_\_ Casually \_\_\_\_\_ Do not know this person

Please evaluate this person in each of the following areas by placing a CIRCLE around the appropriate phrase:

ATTITUDE	Very Enthusiastic	Enthusiastic	Generally Positive	Passive	Poor
LEADERSHIP	Excellent	Very Good	Good	Fair	Poor
APPEARANCE	Well Groomed	Neat	Careless	Sloppy	Poor Grooming
PHYSICAL CAPABILITIES	Superior	Very Good	Average	Below Average	Poor
INITIATIVE	Resourceful	Industrious	Average	Unmotivated	Lazy
ABILITY TO COMMUNICATE	Excellent	Very Good	Good	Fair	Poor
INTEGRITY	Trustworthy	Reliable	Generally Reliable	Untrustworthy	Can't be trusted
PERSONALITY	Charismatic	Outgoing	Pleasant	Passive	Objectionable
MATURITY	Very mature	Mature	Average	Immature	Childish
JUDGEMENT	Excellent	Very Good	Good	Fair	Poor

- What, in your estimation, is this person's greatest ability?
- What, in your estimation, can this person improve upon?
- **Recommendation:** \_\_\_ Highly recommend employment, \_\_\_ recommend employment, \_\_\_ Do not recommend

NAME (Please print) \_\_\_\_\_

SIGNATURE \_\_\_\_\_ DATE \_\_\_\_\_ PHONE \_\_\_\_\_

ADDRESS \_\_\_\_\_ CITY \_\_\_\_\_ STATE \_\_\_\_\_ ZIP \_\_\_\_\_

Please use the back of this sheet if necessary for additional comments. Return the completed form to:  
MOHEGAN COUNCIL, BSA 19 Harvard St., Worcester, MA, 01609