

Recommendation for Teen Helper

Please fill out this form to assist us in determining the feasibility of having this individual work as a volunteer for Perry County Day Camp. Please have this form filled out by an adult other than the applicant's parent, guardian, or relative. Please return it to Karin Getz, P.O. Box 514, Millerstown, PA 17062.

His/her responsibilities will include assisting staff with program activities, promoting health and safety by observing established standards, and working under adult supervision and with younger children.

Please rate the individual named below according to the following scale.

5 - Excellent 4 - Very Good 3 - Average 2 - Below Average	ge 1 – Not recommended
Name of prospective Teen Helper:	
1. Is this individual someone you would consider to be trustv	vorthy? 5 – 4 – 3 – 2 - 1
Comments:	
2. Does this individual have a history of being reliable?	5 - 4 - 3 - 2 - 1
Comments:	
3. Is this individual to be considered responsible?	5 – 4 – 3 – 2 - 1
Comments:	
4. Does this individual possess leadership skills?	5 – 4 – 3 – 2 - 1
Comments:	
5. Is this individual able to work with younger children?	5 – 4 – 3 – 2 - 1
Comments:	
Reference Name:	Phone #
Address:	