



## 2024 Northern Area/Western 4-H Camp Teen Counselor Reference Form

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

**(Teens, please print your name here prior to giving form to your reference)**

1. How long and in what capacity have you known the Teen Applicant?
  
2. Does she/he relate well to children between 9 and 12 years of age? Adults?
  
3. What are his/her strengths? Weaknesses?
  
4. What experience would qualify her/him as a camp Teen Counselor?
  
5. Would you feel that he/she would gain from the camping experience as well as the Campers?
  
6. She/he will be spending an entire week with 9 to 12-year-old youth. She/he will be in charge of a cabin of 8 to 10 youth with two Adult Chaperones and another Teen Counselor. Do you feel she/he will react well under these conditions?
  
7. Is he/she enthusiastic when working around youth, and enjoyable for adults to relate with under less than ideal conditions?
  
8. May we call/email you if we have further questions?

Phone number: \_\_\_\_\_ Email address: \_\_\_\_\_

Please sign and return this form. There are two ways to return it. It can be emailed to the Washoe County 4-H office at **samm@unr.edu**. Or it can be returned by mail in a sealed envelope to the Washoe County Extension office at: **Western 4-H Camp, Attn: Sam Mitchell, 4955 Energy Way, Reno, NV 89502**

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