

CAMP STAFF EVALUATION

Name:		Camp:
Position:	Program Level:	Dates Served:
STAFF PLANNING SESSIONS		
1. Did you attend the camp staff planning session(s)? <input type="checkbox"/> Yes <input type="checkbox"/> No		
If yes, what was most helpful?		
Least helpful?		
2. Check all that were helpful/useful in preparing you for camp:		
<input type="checkbox"/> staff planning sessions	<input type="checkbox"/> meetings with unit staff	
<input type="checkbox"/> conferences/meetings with director	<input type="checkbox"/> camp staff manual	
<input type="checkbox"/> Girl Scout training courses	<input type="checkbox"/> other training courses	
<input type="checkbox"/> past camp experience	<input type="checkbox"/> other (list):	
3. Did you feel that you were adequately prepared for camp? <input type="checkbox"/> Yes <input type="checkbox"/> No		
If no, what did you need that you did not know or have?		
AT CAMP		
1. Did you receive the desired help and support from the director? <input type="checkbox"/> Yes <input type="checkbox"/> No		
Explain what was helpful/not helpful:		
2. Did you receive the desired help and support from the staff in your unit? <input type="checkbox"/> Yes <input type="checkbox"/> No		
Explain what was helpful/not helpful:		
3. What are your positive observations about camp?		
4. Additional comments and/or recommendations about anything you feel could give girls the best camp experience possible:		
PERSONAL EVALUATION		
1. What do you think you did best while at camp?		
2. What do you feel you need to work on most?		

PERSONAL EVALUATION, continued

3. Would you want to serve in this position another year? Yes No
 In another position? Yes No
 What position?

4. Rate your performance as a camp staff member:

I WAS	MOST OF THE TIME	MORE OFTEN THAN NOT	SOMETIMES	ALMOST NEVER	SUPERVISOR AGREES OR DISAGREES
Enthusiastic and pleasant	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Courteous	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
A self-starter	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Able to take directions from others	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Dependable and prompt	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Safety conscious	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Careful of equipment, site, facilities	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Able to work well with girls and/or adults	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Flexible	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Cooperative	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Organized	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Fair	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Able to accept responsibility	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Able to follow through with plans	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Able to teach campers at their level	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Able to keep my cool under stress	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	

Camp Staff Signature:

THIS SECTION IS TO BE COMPLETED BY THE SUPERVISOR.

Did the volunteer: <input type="checkbox"/> Complete the required training for this position? <input type="checkbox"/> Turn in the required paperwork for this position?	Does the volunteer: <input type="checkbox"/> Have an application on file? <input type="checkbox"/> Have at least two references on file?
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Based on the personal interview either in person or by phone and the overall performance of this volunteer, I RECOMMEND:

- Re-appointment to the same position.
- Consideration for _____ position.
- Re-appointment to _____ position provided the following conditions are met:
 - >
 - >
 - >
- No re-appointment at this time

Comments:

Interviewed by:	Position:	Date: / /
Supervisor:	Position:	Date: / /