

Welcome to the 4-H Rural Life Center!!

Thanks for your interest in being a leader and role model at the 4-H Rural Life Center this summer. The following information should help you decide if working at a 4-H Summer Camp through the Cooperative Extension Service is right for you.



What can I do at the 4-H Center this summer?

- Counselor
- Day Camp Leader
- Lifeguard
- Canoe Instructor
- Climbing Instructor
- Recreation Specialist
- Archery Instructor
- Craft Instructor
- Health Coordinator
- Lead Counselor
- Day Camp Coordinator
- Adventure Coordinator

How long does Summer Camp last?

Most summer camp sessions are one week in length, usually from Monday morning to Friday afternoon. There are normally eight to ten weeks of camp, preceded by two weeks of Staff Training. Training starts at the beginning of June and most summer staff will work through the middle of August.

What qualifications and expectations must I have?

Staff must have a willingness to lead, enjoy the outdoors, show patience and love toward children, and demonstrate a sense of good will and support toward others. Good counselors are the heart of camp life and counselors live in the dorm with the campers. Consequently, staff must be positive, creative, self-motivated and energetic people. Staff has most evenings and weekends off but spend some nights at camp. Applicants must be 18 years of age to work with camp, unless they have successfully completed the Counselor-In-Training program or have other needed camp qualifications.

Do I get paid?

Summer staff receives a monthly salary that varies depending on experience, certifications, and your position at camp, which is above or comparable to many other camps within the ACA guidelines. Payment is monthly. Room, board and workers compensation insurance are added benefits included in staff benefits during camp operation.

How do I apply for a position at the 4-H Rural Life Center?

- Complete the Application and the Health History and Consent Form and the Code of Excellence, then return these forms to the 4-H Center.
- Distribute reference forms to **three** individuals that are not friends or family, asking them to mail the forms directly to the 4-H Center.
- Once we have received and reviewed your signed application, signed Code of Excellence, signed Health History and Consent Form, and three reference forms, we may contact you to set up an interview.

Application materials must be filled out in totality. Please make yourself aware of camp policies and programs so that you have a very clear understanding of our expectations. You can find more information about the 4-H Rural Life Center by visiting www.halifaxnc.com/4hrurallife or calling.

Application Materials should be sent to:

4-H Rural Life Center
P.O. Box 37
Halifax, NC 27839

Questions can be directed to:

Joe Long, Director
252-583-1821 or 252-583-5161
jlong@schoolink.net

4-H Rural Life Center

Personnel Procedures/Code of Excellence For Summer Staff

A. CONDITION OF EMPLOYMENT

1. Staff members will have an understanding of the North Carolina 4-H program or will acquaint themselves with it and the Halifax County 4-H Rural Life Center.
2. Staff members will strive at all times to promote the objectives of the program and to follow the policies set forth in this document.
3. Staff members will each have a position description which will cover the purpose, duties, and qualifications.

B. POSITION ASSIGNMENTS OR CHANGES

1. Efforts are made to secure the best qualified individuals for all positions. There will be no discrimination on the basis of race, color, religion, creed, national origin, sex, handicap or sexual orientation.

C. COMPENSATION

1. Salary ranges are established for the position in keeping with similar positions at other educational centers and in relationship to the responsibilities of the job. These conform to State and Federal regulations.
2. Salary will be as agreed upon and will include board and lodging during camp operations. Social Security is provided with contributions made by the employer and employee as required by law. Federal and State Income Taxes are deducted if required by law.
3. No tipping or receipt of any gratuities is allowed.

D. INSURANCE

1. Workers Compensation: Any employee who suffers a personal injury arising out of and in the course of his/her employment shall be paid compensation in the manner of, and to the extent provided by State Worker's Compensation laws. This insurance does not cover injuries on the Center grounds when staff is not working.
2. The Center does not assume financial responsibility for money or personal possessions of staff members including loss, theft, fire, etc.

E. WORK SCHEDULE

1. Staff members are on duty from Monday through Friday and some weekends.
2. Responsibilities include both day and evening programs.
3. Staff members will be properly prepared for all instruction and other responsibilities and will help in all phases of programming, including keeping the Center and grounds clean and in order.
4. Staff members will cooperatively make inventories, beginning and ending, of all equipment and supplies, and properly prepare the Center for the end of the summer season/beginning of the fall programming season.
5. Staff may be asked to take time off during weeks when a full staff is not required.
6. All staff members are required to report to staff orientation and to participate in every aspect of staff training, unless special permission has been granted by the summer camp director ahead of time.
7. The camp staff members and center directors will work cooperatively with the kitchen staff, maintenance staff, and others toward the best interest of the campers. Likewise, those staff members will work with visiting county agents, volunteers, and others to meet the objectives of the camp.

F. CAMP TRANSPORTATION

1. A vehicle is provided for Center business and may be used by staff members for business only, when requested by the Director.
2. No employee is expected to use their own vehicle for Center business. If an employee chooses to use their personal vehicle for center business, it will be the responsibility of the employee to turn in mileage for reimbursement. The vehicles must be parked in designated areas and are prohibited from being operated in a manner that interferes with the program or compromises the safety of any person, or diminishes the condition of the vehicle.
3. Staff members must be approved before driving any center vehicle.

G. CENTER EQUIPMENT AND FACILITIES

1. Canoes, boats, sports equipment, etc. may be used by the staff members when it does not interfere with the program and with their duties, and according to Center rules, under the permission of the Director.
2. A staff member may only use personal equipment (climbing harness, gear, etc.) for program use if it has been approved by the Director.
3. All equipment must be returned promptly to its proper place, in the same or better condition than it was found.
4. All keys, radios, first aid kits, and other items issued to staff members are property of the Center and must be returned upon completion of employments.
5. Staff may not use power tools.

H. PERSONAL REQUIREMENTS

1. Be prepared and **ON TIME** for all assigned activities.
2. Clothes will be appropriate for instruction; neat and clean at all times. Clothes advertising drugs, alcohol, or inappropriate behavior, will not be permitted and result in dismissal. Staff t-shirts should be worn when provided.
3. Closed toed shoes will be worn at all times when on duty. Water shoes or sandals (with ankle strap) will be permitted during aquatic activities only.
4. Visible body piercings and tattoos deemed offensive or inappropriate should be covered if possible. Large or dangling earrings or body piercings that could pose a health concern (being ripped out, etc.) should be removed.
5. **No alcoholic beverages allowed at the Center at any time. Being under the influence is cause for immediate dismissal. Possession of alcohol on Center grounds at any time is grounds for dismissal.**
6. **No drugs allowed, except prescription drugs under doctors prescription. Medications must be in the original container. Improper and illegal use is cause for immediate dismissal.**
7. **Smoking is not permitted.**
8. Each staff member will keep living quarters clean and orderly and will share in keeping common areas clean.
9. Staff members will act in a professional manner and control emotions when problems arise. Staff will openly and honestly discuss problems with relevant parties to seek the solution which is in the best interest of the Center, and of themselves.
10. No personal phone calls may be charged to the Center. Staff members must make individual arrangements to charge long distance calls to a card or third party number. The telephone at camp is for business and should only be used for personal calls when absolutely necessary and with the permission of the camp director. **Cell phones are not permitted to be used at camp without prior permission from the Camp Director. Infractions to this policy may be cause for dismissal.**
11. Staff members may have no visitors to camp while campers are present. Nor may they accept personal phone calls except in the case of an emergency.
12. Staff members may not engage in practical jokes or horseplay with other staff members or campers. This creates an undesirable atmosphere and a ripple effect among campers which is unprofessional and problematic.
13. Staff members may never touch a camper in an effort to discipline, restrain, or punish him/her. In an emergency, however, reasonable force may be used to restrain an out-of-control camper. Problem campers must be brought to the attention of the summer camp director.
14. Staff members may not leave the Center while camp is in session without the expressed consent of the summer camp director.
15. All staff must be in their *own* rooms by 11:00 pm if possible depending on camper needs.
16. All radios, televisions, and lights must be turned off by 11:00 pm. Noise must ALWAYS be kept at an acceptable level.
17. Staff members who are lacking in desire, enthusiasm, or preparedness due to lack of rest, or other personal reasons, will be consulted by the director. The staff member will be given an opportunity to correct the problem, after which the staff member will be dismissed if the problem is not corrected.
18. Staff members will act as a positive role model to campers and CIT's (Counselors in Training) at all times, and will adhere to safety regulations at all times.
19. Sexual harassment is a form of sex discrimination in violation of Federal Law and will not be tolerated. Incidents of sexual harassment will lead to serious action up to and including dismissal.
20. Staff members must provide valid copies of all currently held training certifications to the camp administration office by the end of staff orientation.

I. INTERPERSONAL RELATIONSHIPS

The NC State University policy on Interpersonal Relationships (http://www.ncsu.edu/policies/campus_environ/health_safety_welfare/POL04.20.6.php) shall apply to relationships between 4-H employees, volunteers, and 4-H participants. **The 4-H Center does not allow personal relationships**

between anyone while on camp property and while on duty. Special attention should be given to the following part of that policy:

4.1 While close working relationships are encouraged among faculty, staff, [volunteers] and students [4-H participants], it is misconduct, subject to disciplinary action, for an individual to exercise direct supervisory, evaluation, instructional, and/or advising responsibilities, or participate in hiring, retention, promotion, or award decisions, for someone with whom there exists an amorous relationship or to whom they are related by blood, law or marriage. Both the fact and semblance of any exploitation must be avoided. The relative difference in power - actual or perceived - in working relationships must be recognized by faculty and staff and not be employed to anyone's advantage or disadvantage.

4.2 It is misconduct, subject to disciplinary action for a University employee [or volunteer] to engage in sexual activity with any enrolled student of the institution [or 4-H participant], other than his or her spouse, who is a minor below the age of 18 years. Further, such sexual relationship can result in criminal liability.

J. SICK LEAVE

1. If a staff member is sick for a short term, efforts will be made to have one of the other staff members substitute for them in their duties and there will be no loss of compensation.
2. If a staff member is unable to work for a period of time that necessitates the hiring of someone to take their place, there will be loss of compensation.
3. Any necessary leave from the Center must be arranged with the Center Director.

K. SEPARATION FROM DUTY

1. The employment period will be as listed on the employment agreement.
2. A staff member's employment may be terminated if it is necessary for their best interest and in the best interest of the Center and the campers.

L. GRIEVANCE PROCEDURES

1. Any serious problems which arise should be discussed with the Director for possible solutions.
2. If needed, consultation may be arranged with the Cooperative Extension Service Director.

M. EVALUATIONS

1. Each staff member will attend an evaluation meeting with the Director after about 3 weeks of employment, and other times as designated by the Director.
2. Staff will be evaluated by the Director during their first week of employment as well.
3. Staff members will prepare a written evaluation of the program to offer suggestions for improvement, facilities, program format, etc., to be turned in to the Director at the end of their employment.
4. Staff members will be evaluated by the Director for consideration of re-employment for following seasons.
5. Staff that fail to follow policy/procedure or conduct themselves inappropriately will receive an employee counseling session and depending on severity of the situation, the employee may receive a verbal warning, reprimand, or termination.

N. CODE OF EXCELLENCE

1. Each counselor and instructor is charged with the safety and welfare of all campers at all times.
2. Exhibit leadership, maturity, and professionalism in promoting the ideas of 4-H camp at all times. Assume total responsibility for your campers and your assigned duties.
3. **Be enthusiastic!** Immerse yourself with the campers and in the program.
4. Empathize. Always put yourself in the "other person's position" before you act, whether that person be a fellow staff member, a director, agent, volunteer, parent, or camper.
5. Support one another. A positive, cooperative, and supportive attitude will go a long way toward making this a successful summer for all.

O. GENERAL

1. Collections, projects, exhibits, and all written materials prepared by the staff member during duties as an employee are the property of the 4-H Rural Life Center.
2. Each staff member is responsible for the care and security of all materials and equipment belonging to the Center.
3. Purchase of supplies and equipment may not be made without the expressed permission from the Director.

P. LIKENESS RELEASE

Voice and Likeness Release: (optional, please check box if NOT giving consent)

I understand that the 4-H Rural Life Center is a part of Halifax County Government and works under the Cooperative Extension Service which works with the Department of 4-H Youth Development, College of Agriculture and Life Sciences, North Carolina State University (hereinafter referred to as University). By this release, I consent to the use of my, or my child's, likeness and voice, including all photographs, video, internet use, and sound recording for educational purposes by the County and the University, or anyone authorized by the County and the University. I acknowledge that the County is the sole owner of all rights to such material on my participation. I understand that I shall receive no compensation for my, or my child's appearance and participation in this project. If the participant is a minor child, I represent that I am the parent/guardian and I hereby consent to the foregoing on his/her behalf.

I have read and understand this document. I also hereby signify to the 4-H Rural Life Center that I agree to abide by the provisions of this document.

Employee's Signature _____ Date _____

Parent/Guardian Signature (if staff member is under 18) _____

Date _____

HALIFAX COUNTY 4-H RURAL LIFE CENTER

Employment Application

Mail To:

P.O. Box 37 Halifax, NC 27839
252-583-1821



www.halifaxnc.com/4hrurallife

APPLICANT INFORMATION												
Last Name				First				M.I.		Date		
Street Address						Apartment/Unit #						
City				State				ZIP				
Phone #		Cell #		E-mail Address								
Date Available			Social Security No.			Drivers License No.						
Position Applied for		4-H Camp Counselor		Have you ever been dismissed from any position?				YES <input type="checkbox"/>		NO <input type="checkbox"/>		Why? <small>(Below)**</small>
Are you a citizen of the United States?			YES <input type="checkbox"/>		NO <input type="checkbox"/>		If no, are you authorized to work in the U.S.?			YES <input type="checkbox"/>		NO <input type="checkbox"/>
Have you ever worked for the 4-H Center?			YES <input type="checkbox"/>		NO <input type="checkbox"/>		If so, when?					
Have you ever been convicted of a felony?			YES <input type="checkbox"/>		NO <input type="checkbox"/>		If yes, explain					
EDUCATION												
High School				Address								
From		To		Did you graduate?		YES <input type="checkbox"/>		NO <input type="checkbox"/>		Degree		
College				Address								
From		To		Did you graduate?		YES <input type="checkbox"/>		NO <input type="checkbox"/>		Degree		
Other				Address								
From		To		Did you graduate?		YES <input type="checkbox"/>		NO <input type="checkbox"/>		Degree		
REFERENCES												
<i>Please list three professional references.</i>												
Full Name						Relationship						
Company						Phone ()						
Address												
Full Name						Relationship						
Company						Phone ()						
Address												
Full Name						Relationship						
Company						Phone ()						
Address												
OTHER INFORMATION AND EXPLANATIONS **												
Explain Any Driving Convictions												
Additional Pertinent Information												

PREVIOUS EMPLOYMENT

Company					Phone	()	
Address					Supervisor		
Job Title				Starting Salary	\$	Ending Salary	\$
Responsibilities							
From		To		Reason for Leaving			
May we contact your previous supervisor for a reference?				YES <input type="checkbox"/>	NO <input type="checkbox"/>		
Company					Phone	()	
Address					Supervisor		
Job Title				Starting Salary	\$	Ending Salary	\$
Responsibilities							
From		To		Reason for Leaving			
May we contact your previous supervisor for a reference?				YES <input type="checkbox"/>	NO <input type="checkbox"/>		
Company					Phone	()	
Address					Supervisor		
Job Title				Starting Salary	\$	Ending Salary	\$
Responsibilities							
From		To		Reason for Leaving			
May we contact your previous supervisor for a reference?				YES <input type="checkbox"/>	NO <input type="checkbox"/>		

MILITARY SERVICE

Branch				From		To	
Rank at Discharge				Type of Discharge			
If other than honorable, explain							

SKILLS, HONORS, CERTIFICATIONS, LICENSES, MEMBERSHIPS

CERTIFICATION AND SIGNATURE

I certify, to the best of my knowledge and belief, that the statements given above truly represent my background and experience. I understand that if I have knowingly misrepresented, omitted or falsified any of the application information, I will be disqualified for employment consideration or dismissed from employment with Halifax County. Prior to employment, I understand the County will require verification of education, licenses and/or certifications required for the position for which I have applied. In addition, I hereby authorize my current and former employers (including the U.S. Government and/or the U.S. Military), personal references, registration and licensing boards, and educational institutions listed on my application for employment, to provide Halifax County Government with any job-related information requested. I also permit the County to conduct a police and court records investigation of my background if relevant to the job for which I am applying. I further understand that dismissal upon employment shall be mandatory if fraudulent disclosures are given to meet position qualifications. (Authority: G.S. 126-30, G.S. 14-122.1) Finally, I attest, under penalty of perjury, that I am authorized to work in the United States. Halifax County Government is an Equal Opportunity Employer. (Unsigned applications will not be processed.)

Signature				Signature of Guardian if applicant is under 18			Date	
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4-H Rural Life Center

4-H & Youth Day Camp Program Application Attachment

In your own words, please describe your experiences working with youth including any involvement in 4-H and why you would like to be a summer camp counselor and why you feel you are qualified for the job. (If you have had prior experience with our 4-H program, please tell about the position you held and your duties.)

Although we are normally a Day Camp, do you understand that the job will require you to stay overnight some during the different weeks of camp? Is this a problem for you? Please explain.

Please tell what skills you have and what areas of camp you are qualified to instruct.

As our work hours may vary from day to day, being on time is important and it may be difficult to rely on others. Do you have a valid driver's license along with reliable transportation to and from work?

Certifications: (Write expiration date of certification on the line and send a copy of certificates.)

WSI _____	Canoeing _____	CPR _____
Lifeguard _____	Archery _____	Ropes Course _____
First Aid _____	Other: _____	

Please fill out completely and sign the attached Staff Health History and Consent Form. (Have your parent or guardian sign if you are under the age of 18.) Also attached are three employment reference sheets. Please take each one to different people that know you well and have them send it back to us. Former employers would be the best choices.

4-H RURAL LIFE CENTER STAFF HEALTH HISTORY AND CONSENT FORM (PLEASE FILL OUT BOTH PAGES OF FORM)

Staff Information:

Name: _____
Last First MI

Home Address: _____
Street Address

_____ City ST ZIP

Home Phone: (____) _____ - _____

Cell/Other Phone: (____) _____ - _____

Social Security Number: _____ - _____ - _____

Date of Birth: ____/____/____ Male Female

Height: ____' ____" Weight: _____ lbs

Contact Information

Parent/Guardian Name: _____
Last First MI

Address: (Check if same as counselor) _____
Street Address

_____ City ST ZIP

Home Phone: (____) _____ - _____ Work Phone: (____) _____ - _____

Cell Phone: (____) _____ - _____ Relationship to Counselor: _____

In case of medical emergency, if I am unable to be contacted, please contact:

<small>Last Name</small>	<small>First Name</small>	<small>Relationship</small>
(____) _____ - _____	(____) _____ - _____	
<small>1st Phone</small>	<small>2nd Phone</small>	

Medical Information

Name of Physician: _____ Medical Facility: _____ Phone: (____) _____ - _____

Immunization Record: (Please attach a copy)

MMR (measles, mumps, rubella): Dose 1 – Immunization at 12 months ____/____/____ Dose 2 - ____/____/____

Tetanus/Diphtheria: Date of initial series ____/____/____ Date of Last Booster ____/____/____

Has the participant ever had major surgery or been hospitalized? Yes No Please explain any significant operations, accidents, illnesses, etc:

Does the participant have any physical, mental, or psychological condition(s) requiring special consideration? Yes No If yes, identify: _____

Does the participant regularly take medication or utilize emergency medications? Yes No If yes, identify: _____

<p>Check any allergies the participant may have:</p> <p><i>Participant has no known allergies</i></p> <p>Penicillin _____</p> <p>Other Antibiotics: _____</p> <p>Other Medicines: _____</p> <p>Insect Bites/Stings: _____</p> <p>Food: _____</p> <p>Other: _____</p>		<p>Special medical conditions: <i>Participant has no specific medical condition</i></p> <table style="width: 100%; border-collapse: collapse;"> <tr> <td>Asthma</td> <td>Emotional / Behavior disorder</td> <td>High Blood Pressure</td> </tr> <tr> <td>Bleeding disorder</td> <td>(Including ADD/ADHD)</td> <td>Kidney Disease</td> </tr> <tr> <td>Cancer</td> <td>Epilepsy / Seizure disorder</td> <td>Neck / Back Pain</td> </tr> <tr> <td>Cerebral palsy</td> <td>Gastrointestinal disorder</td> <td>Rheumatic Fever</td> </tr> <tr> <td>Colitis</td> <td>Heart Disease</td> <td>Tuberculosis</td> </tr> <tr> <td>Diabetes</td> <td>Hernia</td> <td>Ulcer</td> </tr> <tr> <td>Other: _____</td> <td></td> <td></td> </tr> </table>	Asthma	Emotional / Behavior disorder	High Blood Pressure	Bleeding disorder	(Including ADD/ADHD)	Kidney Disease	Cancer	Epilepsy / Seizure disorder	Neck / Back Pain	Cerebral palsy	Gastrointestinal disorder	Rheumatic Fever	Colitis	Heart Disease	Tuberculosis	Diabetes	Hernia	Ulcer	Other: _____		
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Diabetes	Hernia	Ulcer																					
Other: _____																							

Insurance Information

It may be necessary to bill your insurance company. Please provide the following information:

Insurance Company: _____

Insurance Policy #: _____ The above information is true and correct.

Address: _____

Area Code and Phone Number: _____ (Signature of Parent or Guardian or Staff Member over the age of 18)

4-H RURAL LIFE CENTER STAFF HEALTH HISTORY AND CONSENT FORM (PLEASE FILL OUT BOTH PAGES OF FORM)

CONSENT FOR MEDICAL TREATMENT

Staff Member's Name – Please Print

- If your son, daughter, or ward will be under the age of 18 years while participating as a staff member with the 4-H Rural Life Center, it is our policy, if possible, to secure your consent in the event that medical treatment is warranted.
- By signing below, you are giving your consent in advance for authorized camp personnel to provide first-aid treatment at camp and/or medical treatment at an appropriate medical facility in case of illness or injury to be selected by the Camp Director for the above named staff member and if deemed necessary to order injection, and /or anesthesia and/or surgery.
- By signing below, you are stating that you are aware of, and accept, the risk inherent in program activities.
- By signing below, you agree to hold harmless and indemnify the 4-H Rural Life Center, Halifax County, and the Cooperative Extension Service, their officers, agents and employees, from any and all liability, loss, damages, costs or expenses which are sustained, incurred, or required arising out of the actions of your dependent in the course of the program/camp.

Name of Parent or Guardian or Staff Member over the age of 18 (Print)

Signature of Parent or Guardian or Staff Member over the age of 18

Date

4-H Rural Life Center

P.O. Box 37
Halifax, NC 27839
252-583-1821

Employment Reference For: _____

The above named individual has applied for a position with the 4-H Rural Life Center. You are being asked to serve as a reference. Please respond to the following questions. Your prompt reply will be extremely helpful in making an important hiring decision. Your responses will be kept confidential and not shared with the applicant.

1. How long have you known the applicant? _____
2. In what capacity have you known the applicant? _____
3. Has the applicant worked for you? _____
 - A. What was the position? _____
 - B. How long was the applicant employed? _____
 - C. On a scale of 1 to 10, how would you rate their overall performance? _____
 - D. Would you rehire this individual? _____

4. Please rate the applicant by checking the appropriate circle.

	Poor	Not as Good As Most	Average	Better Than Most	Excellent
Honesty/Integrity	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Work Habits/Responsibility	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Initiative	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Friendly/Works Well with Others	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Judgment	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Accepts Constructive Criticism	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Self-Confidence	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Tactfulness	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Positive Role Model	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Willing to Learn	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Appropriate Dress/Appearance	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Interest in Helping Others	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Open to New Ideas	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Acceptance of Supervision	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Communication Skills	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Leadership	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Enthusiasm	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Planning Ability	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Develop Programs and Materials	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Teaching Ability	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Follows Through on Commitments	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Recognize, Analyze, and Solve Problems	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Maturity and Emotional Stability	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Ability to Work with Children	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Time Management	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

5. What are the applicant's strengths and weaknesses?

6. Would you be comfortable leaving your child under the applicant's leadership and influence for a week at camp?

7. Please add any additional comments that might help us in making a fair evaluation of this applicant.

Please complete this form within five working days and mail it to:

4-H Rural Life Center
P.O. Box 37
Halifax, NC 27839

Name of Person Completing this form: (Please Print) _____
Title: _____ Date: _____
Telephone: _____ Signature: _____

4-H Rural Life Center

P.O. Box 37
Halifax, NC 27839
252-583-1821

Employment Reference For: _____

The above named individual has applied for a position with the 4-H Rural Life Center. You are being asked to serve as a reference. Please respond to the following questions. Your prompt reply will be extremely helpful in making an important hiring decision. Your responses will be kept confidential and not shared with the applicant.

1. How long have you known the applicant? _____
2. In what capacity have you known the applicant? _____
3. Has the applicant worked for you? _____
 - a. What was the position? _____
 - b. How long was the applicant employed? _____
 - c. On a scale of 1 to 10, how would you rate their overall performance? _____
 - d. Would you rehire this individual? _____
4. Please rate the applicant by checking the appropriate circle.

	Poor	Not as Good As Most	Average	Better Than Most	Excellent
Honesty/Integrity	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Work Habits/Responsibility	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Initiative	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Friendly/Works Well with Others	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Judgment	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Accepts Constructive Criticism	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Self-Confidence	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Tactfulness	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Positive Role Model	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Willing to Learn	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Appropriate Dress/Appearance	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Interest in Helping Others	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Open to New Ideas	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Acceptance of Supervision	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Communication Skills	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Leadership	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Enthusiasm	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Planning Ability	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Develop Programs and Materials	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Teaching Ability	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Follows Through on Commitments	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Recognize, Analyze, and Solve Problems	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Maturity and Emotional Stability	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Ability to Work with Children	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Time Management	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

5. What are the applicant's strengths and weaknesses?

6. Would you be comfortable leaving your child under the applicant's leadership and influence for a week at camp?

7. Please add any additional comments that might help us in making a fair evaluation of this applicant.

Please complete this form within five working days and mail it to:

4-H Rural Life Center
P.O. Box 37
Halifax, NC 27839

Name of Person Completing this form: (Please Print) _____
Title: _____ Date: _____
Telephone: _____ Signature: _____

4-H Rural Life Center

P.O. Box 37
Halifax, NC 27839
252-583-1821

Employment Reference For: _____

The above named individual has applied for a position with the 4-H Rural Life Center. You are being asked to serve as a reference. Please respond to the following questions. Your prompt reply will be extremely helpful in making an important hiring decision. Your responses will be kept confidential and not shared with the applicant.

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Name of Person Completing this form: (Please Print) _____

Title: _____ Date: _____

Telephone: _____ Signature: _____