

Camp Kno-Koma Recommendation Form

Recommender's name: _____

Phone: _____ E-mail: _____

Name of applicant: _____

How long have you known the applicant? _____

Relationship to the applicant? _____

How would you rate the applicant for each of the following characteristics? Please select the box with the rating that best describes the applicant in each category.

Legend:

5- Outstanding

4- More than Satisfactory

3- Satisfactory

2- Needs improvement

1- Unsatisfactory

	1	2	3	4	5
Ability to work with others					
Ability to follow directions and maintain standards					
Organizational skills					
Nutritional knowledge as it relates to type one diabetes					
Oral communication skills					
Interpersonal skills:					
Peers/Co-workers					
Teachers/Supervisors					

Describe applicant's strengths:

Describe applicant's areas of improvement:

Summary evaluation

Overall how would you recommend the applicant to volunteer at Camp Kno-Koma?

Highly recommend	
Recommend	
Not recommend	

Please email this form to Mallory Mount by **May 15, 2020**.
This should not be given to the volunteer to send.

For questions, please contact:
Mallory Mount, EdD, RD, LD, CDE, FAND
Evans99@marshall.edu
304-416-1609