

KING LEADERSHIP CAMP

Summer 2016 Advocate Recommendation Form

On behalf of _____

This individual is applying to participate in the Camp St. Croix King Leadership Camp. Please comment on their observed leadership skills and style; information you submit will remain confidential.

Submit this form to John Bussey, Camp St. Croix Program Director, via:

- mail to 532 County Road F, Hudson, WI 54016
- fax to (715) 386-4382
- email to john.bussey@ymcatwincities.org

Advocate name: _____ School or Organization: _____

Relationship to applicant: _____ Phone: _____

Email: _____ Length of relationship with applicant: _____

Why are you recommending this individual to the King Leadership Program?

Please rate the candidate on the following metrics:

	Comparison to peer group			N/A	Comments
	Top 33%	Middle 33%	Bottom 33%		
Willingness to take on responsibility					
Responsiveness to feedback					
Emotional maturity					
Dependability in planning and scheduling					

Advocate Signature: _____ Date _____

