



FOR YOUTH DEVELOPMENT™
FOR HEALTHY LIVING
FOR SOCIAL RESPONSIBILITY

LEADERSHIP DEVELOPMENT PROGRAM

REFERENCE FORM

Applicant name: _____

This individual is applying to participate in the Camp St. Croix Leadership Development Program in the summer of 2017. Please comment on their observed leadership skills and style; information you submit will remain confidential.

Submit this form within two weeks of receipt 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

Reference name: _____ Signature: _____

Relationship to applicant: _____ Phone number: _____

Please rate the individual on the following metrics:

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

Please share one example of a time you observed the applicant take on a leadership role. What was the situation, what were their actions, and what were the results?
