Summer Science Daycamp Counselor

Letter of Reference Applicant Name: Teacher/Counselor Name: _____ School Name: Email: _____Phone: ____ How do you know this person? _____ How long have you known this person? Has the applicant proven to be dependable with regard to schedules? _____ Has the applicant proven to be good at following instructions? _____ Please explain why you feel this applicant would make a good volunteer as a Summer Science Daycamp Counselor.

Email information to csnsciencecamp@hotmail.com or mail completed form to Community Science Network, PO Box 661, Russellville, AR, 72811.

Date: