



Girl Scouts of Southeastern New England  
**CAMPING COORDINATOR SELF-APPRAISAL**

Please submit completed evaluation to your SUM/Membership Specialist by June 30th

Name: \_\_\_\_\_ Service Unit: \_\_\_\_\_ Date of Review: \_\_\_\_\_

**Purpose:**

*The Service Team implements and evaluates ways to provide and maintain Girl Scouting within a designated community. The Service Team is appointed by and is accountable to the Service Unit Manager and the Membership Specialist.*

**Ratings**

Please circle the appropriate category. Explain ratings below 2.

- 1- Needs improvement
- 2- Meets expectations
- 3- Exceeds expectations

ACCOUNTABILITIES

RATINGS

1. Took appropriate training for the position and kept my knowledge current at all times	1	2	3
2. Conducted activities at each Service Unit Leader meeting to promote outdoor programming.	1	2	3
3. Followed-up with newly trained leaders to encourage registration for troop camp training.	1	2	3
4. Assisted and promoted community camping weekend; coordinated weekend if own skills/experience warranted.	1	2	3
5. Distributed troop camp fliers and summer camp folders; as necessary.	1	2	3
6. Channeled names of adults who would enrich the summer camp programming to the Outdoor Program Specialist. Helped Program Specialists with the recruitment of camp staff for day, resident and special camps.	1	2	3
7. Promoted camp at parent and Service Unit meetings and events.	1	2	3
8. Attended Service Team and Service Unit Leader meetings and association meetings.	1	2	3
9. Adhered to and promoted National and Council policies, standards and procedures.	1	2	3

10. My strengths as a Service Team member are:

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11. In order to excel at the responsibilities of this position, I need the following help:

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Please rate your satisfaction in the position (1= least, 5= greatest): 1    2    3    4    5

Comments:

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Service Team Member Signature: \_\_\_\_\_ Date: \_\_\_\_\_

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**Service Unit Manager or Membership Specialist please complete the following:**

Please check (✓) one of the following:

- \_\_\_\_ Recommended for reappointment to current position.
- \_\_\_\_ Recommended for the following position: \_\_\_\_\_
- \_\_\_\_ Not recommended for reappointment.
- \_\_\_\_ Will not continue.

Comments:

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Reappointment has been recommended by:

Service Unit Manager: \_\_\_\_\_ Date: \_\_\_\_\_

Membership Specialist: \_\_\_\_\_ Date: \_\_\_\_\_