Boy Scouts of America

Camp Leader Evaluation

Laurel Highlands Council

Camp: ☐ Independence ☐ Seph Mack **Sessions:** 1a 1b 2a 2b 4a 4b 5a 5b 6a 6b 7a 7b

Overall Satisfaction	Poor				Excellent		Comments
Camping Experience	1	2	3	4	5	N/A	
Will you be camping with us next year?			Yes	No	Undecided		

Customer Service	Poor				Excellent		Comments
Staff Services	1	2	3	4	5	N/A	
Facilities/Equipment	1	2	3	4	5	N/A	
Pre-camp Information	1	2	3	4	5	N/A	
Check-In	1	2	3	4	5	N/A	
Information during camp	1	2	3	4	5	N/A	

Support Services	Poor				Excellent		Comments
Business Office	1	2	3	4	5	N/A	
First Aid	1	2	3	4	5	N/A	
Trading Post	1	2	3	4	5	N/A	
Commissioner Service	1	2	3	4	5	N/A	
Campsite Host	1	2	3	4	5	N/A	

Activities	Poor				Excellent		Comments
Camp Tour	1	2	3	4	5	N/A	
Campwide Activities	1	2	3	4	5	N/A	
Campwide Theme	1	2	3	4	5	N/A	
Vespers	1	2	3	4	5	N/A	
Campsite Cookout	1	2	3	4	5	N/A	
Closing Campfire	1	2	3	4	5	N/A	

Favorite Activities:	Adult:	Youth:

When completed, please return to the Camp Director before you depart from camp. Thank you for your help!

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Program Areas	Poor				Excellent		Comments
Aquatics Adventure	1	2	3	4	5	N/A	
Ecology Adventure	1	2	3	4	5	N/A	
Frontier Adventure	1	2	3	4	5	N/A	
Outback Adventure	1	2	3	4	5	N/A	
Advancement	1	2	3	4	5	N/A	

Food Service	Poor				Excellent		Comments
Quality	1	2	3	4	5	N/A	
Quantity	1	2	3	4	5	N/A	
On-time service	1	2	3	4	5	N/A	

Favorite meals/items

Adults:	Youth:

Least favorite meals/items

Adults:	Youth:

Which camp staff members went to particular effort to accommodate you?

What suggestions would you offer to improve council camp services or the camp itself?

May we contact you if we have any questions?	Yes	No	Pack Number:
Would you be interested in promoting camp?	Yes	No	District:
Would you like to join the volunteer construction crew?	Yes	No	Council:

Name:

Address

City, State, Zip

Phone ( )

E-mail

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