

White Stag Staff Evaluation

Name: _____ Phone: _____

Address: _____

City: _____ State: _____ Zip: _____

School: _____

Course Date	Location	Position	Director
Previous Experience			

Personal Goals:

Staff Member Signature _____ Scoutmaster Signature _____

Post Course Comments:

Staff Member:

Scoutmaster:

Course Director:

Future Staff Recommendations:

Youth: SPL ASPL TG TI EQM FQM

Adult: CD ACD SM ASM(Troop) ASM(support) EQM FQM JASM