



1 Rabbit Hill Road, Westborough, MA 01581 p: (508) 389-6300 | f: (508) 389-7890 M A S S . G O V / M A S S W I L D L I F E

RECOMMENDATION FOR TEAM LEADER

Name:	Date of Birth:		
Address:			
Phone:			
Program Involvement:			
	(Basic, Bow, Black Powder, Map, Compass & Survival, Trapping, Waterfowl ID)		
To: Hunter Education Program	Administrator		
Please consider the above nam	ed Instructor for appointment as a Team Leader in Region in	the	
	program. S/He has been a certified instructor for five		
consecutive years.			
Recommended by: * * Must be a Team Leader in the same education	Date:		
Signature:	Date:		
Approve	_ or Disapprove		
Signature:	gram Administrator		

1.	Statement about the appointee's knowledge of the administrative duties of a Team Leader and their organizational skills		
2.	Statement about the appointees' understanding of the standardized curriculum and the course content and his/her commitment to teach the standardized course		
3.	Statement about the appointee's leadership qualities		
4.	Statement about the appointee's image and how it would reflect on the program and the agency		