

IDAHO YOUTH SUMMIT STAFF RECOMMENDATION FORM

Applicant: Please ask two references to complete this confidential form for your application.
Please provide your reference with a copy of this form as well as a stamped envelope, addressed to:
Idaho Drug Free Youth • 610 W. Hubbard Ste. 123 • Coeur d'Alene, ID 83814.

_____ has submitted an application for the position of volunteer staff at the Idaho Youth Summit. This recommendation form is part of the application process.
For more information about the Idaho Youth Summit visit www.idahodrugfreeyouth.org/

Please complete the following questions and mail by **March 31, 2010**. Send directly to:
Idaho Drug Free Youth • 610 W. Hubbard Ste. 123 • Coeur d'Alene, ID 83814

Name of person completing this form: _____
How long have you known the applicant? Years _____ Months _____
Address: _____ City: _____ State: _____ Zip Code: _____
Telephone: _____ Position/Title: _____
Relationship to the applicant: _____

Please check your assessment of this individual in the following categories:

	EXCELLENT	GREAT	GOOD	FAIR	POOR	NOT SURE
Peer Leadership						
Motivation						
Dependability						
Commitment to an alcohol, tobacco, and drug-free lifestyle						
Ability to accept feedback						
Communication skills						
Ability to work in a group						
Maturity level						
Participation and attitude						

How does the applicant demonstrate a lifestyle committed to being alcohol, tobacco, and drug-free?

Please assess the applicant's readiness and ability to interact with children and peers.

Please identify the applicant's strengths and weakness.

Any additional comments that may help us evaluate this candidate as a potential staff member.

The information contained on this form is an accurate assessment of the candidate for a staff position at the Idaho Youth Summit.

I recommend you select this applicant. I do not recommend you select this applicant.

Signature: _____ Date: _____