

Emmaus of Santa Barbara

The road to change... the change is forever.

Recommendation Form I

To the Applicant: Please fill in your name and the position for which you are applying. Give this form to the person recommending you with a stamped and addressed envelope.

Dear Referrer:

_____ has applied for the following position
(APPLICANT NAME HERE)

_____ with **PROJECT INSIGHT**
(POSITION APPLIED FOR: *Program Participant, Team Leader*)

These positions require a high level of maturity, organization, creativity, responsibility, trustworthiness and enthusiasm. Your recommendation will help us evaluate the applicant based on these areas. It is very important that you return this completed form to us as soon as possible.

Emmaus of Santa Barbara
Attn: Program Director
P.O. Box 40511
Santa Barbara, Ca 93140-0511
Fax: 805.569.8831

Please use the following scale to rate the applicant (circle your choice) in the following areas:

	0=N/A (unknown)	1=Poor	2=Weak	3=Average	4=Strong	5=Outstanding			
Communication				0	1	2	3	4	5
Maturity				0	1	2	3	4	5
Ability to function as a member of a Team				0	1	2	3	4	5
Ability to Lead by example/inspire others				0	1	2	3	4	5
Ability to work with minimal supervision				0	1	2	3	4	5
Organizational Skills				0	1	2	3	4	5
Ability to complete tasks correctly and on time				0	1	2	3	4	5
Ability to keep confidence				0	1	2	3	4	5
Ability to relate well to those different from him/herself				0	1	2	3	4	5
Diplomacy in difficult situations				0	1	2	3	4	5
Ability to handle stress				0	1	2	3	4	5
Creativity				0	1	2	3	4	5

- CONTINUED ON OTHER SIDE -

In general how would you recommend this person for this position?:

___ Recommend highly

___ Recommend

___ Recommend with the following training: _____

___ Do not recommend

How long and under what capacity have you known the applicant? _____

What personal qualities or abilities will the applicant bring to individual AND group work?

If applicable, describe a situation where the student utilized conflict resolution skills.

Referrer's Name (please print)	Title
Signature	Date (mm/dd/yy)

Please return form to ESB, P.O. Box 40511, Santa Barbara, Ca 93140-0511 or Fax to 805.569.8831 ASAP, Thank you.