

Emmaus of Santa Barbara

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

Recommendation Form II

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*)

The Emmaus Programs provide close and personal relationships with teens and young adult's ages 16-25 years old. Our programs are designed so that each participant is provided with a "solid" relationship with an adult who is capable of giving unconditional love and a sense of presence to others and is able to support the young person in the realization of his self-worth. We depend on the integrity, responsibility and accountability of our volunteers to provide this valuable component of our programs.

We ask that you complete the following questionnaire as completely as possible. This information will assist us in matching volunteers with those with whom they will be most effective. Please return the completed form in the enclosed envelope as soon as possible.

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

2. What would you describe are the applicant's strengths? _____

3. Circle the adjectives that you feel best describe the applicant:

Honest	Confident	Objective	Conscientious	Flexible
Anxious	Positive	Friendly	Easy-Going	Sincere
Responsible	Forgiving	Highly Sensitive	Aggressive	Cooperative
Arrogant	Perceptive	Controlling	Loyal	Sad
Dependable	Caring	Compassionate	Serious	Angry
Withdrawn	Strict	Opinionated	Accountable	Open
Punctual	Deceitful	Happy	Loving	Shy
Judgmental	Depressed	Understanding	Accepting	Enthusiastic
Negative	Law Abiding	Trustworthy	Nurturing	Empathetic

4. What training or skills does this person have working in group settings? _____

5. What special gifts would this person bring to this program? _____

6. Are there any areas where you might suggest personal work is needed? _____

7. Based on your knowledge of the applicant how well would he/she work with the following groups? (Please Circle)

❖ <i>Teens</i>	Very Well	Moderately Well	Fairly Well	Poorly
❖ <i>Young Adults</i>	Very Well	Moderately Well	Fairly Well	Poorly
❖ <i>At-Risk Youth</i>	Very Well	Moderately Well	Fairly Well	Poorly
❖ <i>Leadership Youth</i>	Very Well	Moderately Well	Fairly Well	Poorly
❖ <i>Professionals</i> (i.e.: counselors, teachers, employers, etc.)	Very Well	Moderately Well	Fairly Well	Poorly

8. If this person is employed by you, how does he/she interact with peers (staff)? With clients? _____

9. Is there any reason you feel the applicant would not be suitable for this program? _____

10. Overall, do you sincerely believe the applicant is ready to participate in a rigorous program for personal change? _____

11. Is there anything else that you believe is relevant to know about the applicant that has not been referred to? _____

Referrer's Name (please print)

Title

Signature

Date (mm/dd/yy)

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