



Peer Leader Recommendation Form

Worcester State University, Worcester, MA
August 4-7, 2016

Peer Leader Name: _____

Recommenders Name: _____

Your Phone #: _____

Your Email: _____

Church or Organization: _____

May we contact you for further discussion about the applicant? Yes No

If yes, how would you like us to make the contact? Phone Email

Recommendation Information

1. Briefly, tell us about this young person. In what capacity do you know him/her?

2. Identify the leadership roles, creativity, and dedication to the capacity you know him/her through your organization.





3. Give your personal appraisal of this person as a potential small group leader at a district event whose daily responsibility would be to lead a diverse group of ethnic, racial and gender mixed peers.

Please rate this youth according to the following scales by circling the number that best describes his/her characteristics: 1. never exhibits 2. exhibits rarely 3. exhibits sometimes 4. exhibits most of the time 5. exhibits consistently		1	2	3	4	5
	Flexibility	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	Patience	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	Openness to try new things	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	Tolerance of differences	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	Integrity	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	Maturity	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	Leadership	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	Creativity	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Please return this Confidential Recommendation directly to the **HXNE Peer Leader Coordinator** before July 1st to E-mail: peerleaders@nedistrict.org or mail to:
HXNE Peer Leaders, C/O Patti Lavernoch, 54 Rimmon Hill Road, Beacon Falls, CT 06403

