

Fax Completed Recommendation form to **(509) 747-0077**

Or mail to

Leadership Spokane

801 W. Riverside Avenue, Suite 220
Spokane, WA 99201

leadership@leadershipspokane.org

RECOMMENDATION

Please read and initial the following:

Instructions to the Recommender: The person named below is applying for acceptance into Youth Leadership Spokane's Class of 2011 and has requested your recommendation. Youth Leadership Spokane is an interactive, hands-on experience, designed for youth who have leadership potential and an interest in the community. Your thoughtful and candid responses will assist us in our selection process. Please note: the candidate's application is incomplete without this recommendation and is **due 31 July 2010**. Please email to: Leadership@LeadershipSpokane.org or fax: 509-747-0077

Name of Applicant: _____

Type of Relationship: Personal Professional

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

2. How well do you know the applicant?

- By name/sight Fairly well – numerous personal contacts
 Casually – few personal contacts Very close relationship

3. Please evaluate the applicant's qualifications by circling the appropriate numbers.

	No Chance to observe	Poor	Below Average	Average	Above Average	Superior
Reliability (<i>dependability, responsibility</i>)	0	1	2	3	4	5
Maturity (<i>personal development, ability to cope with life situations</i>)	0	1	2	3	4	5
Judgment (<i>ability to analyze a problem</i>)	0	1	2	3	4	5
Respect (<i>for those whose opinions differ from one's own</i>)	0	1	2	3	4	5
Oral expression (<i>clarity, coherence</i>)	0	1	2	3	4	5
Interpersonal relationships (<i>cooperation, attitudes towards supervision, rapport</i>)	0	1	2	3	4	5
Leadership (<i>competence, self-confidence</i>)	0	1	2	3	4	5
Work habits (<i>perseverance, resourcefulness, initiative</i>)	0	1	2	3	4	5
Integrity (<i>honesty, moral character</i>)	0	1	2	3	4	5

4. Briefly describe why you think this applicant would be a good candidate for Youth Leadership Spokane: _____

5. Other pertinent information: _____

Your Name: _____ Day Phone: _____

Employer and Job Title: _____ Address: _____

Signature: _____ Date: _____

Are you an LS Grad? No Yes. If yes, what year did you graduate from YLS? Year: _____