

# IDAHO YOUTH SUMMIT VOLUNTEER STAFF RECOMMENDATION FORM



**Applicant instructions:** As an Idaho Youth Summit Staff applicant, you are required to provide two recommendations, completed by a non-family, non-friend member, over the age of 21. Your application will be considered incomplete without the recommendations. It is the responsibility of the applicant to see that Recommendation Forms are turned in on or before **March 22nd, 2024**.

Thank you for taking the time to complete the STAFF RECOMMENDATION FORM for this applicant. Your honest responses are appreciated. All responses are kept confidential and information will not be shared with the applicant. Please complete the following questions and submit by **March 22nd, 2024**. If, for some reason you are unable to complete and submit this form by the **end of the business day of March 22nd, 2024**, please inform the applicant.

**Forms may be mailed to:** Idaho Drug Free Youth, 2028 E Best Ave, Coeur d’Alene ID, 83814

**Forms can be emailed to:** hello@idfy.org

**Applicant Name:** \_\_\_\_\_ has submitted an application for the position of volunteer staff at the Idaho Youth Summit. The applicant will be working with youth in 7<sup>th</sup> - 12<sup>th</sup> grades in a summer camp setting.

**Name of person completing this form:** \_\_\_\_\_

**How long have you known the applicant? Years** \_\_\_\_\_ **Months** \_\_\_\_\_

**Position/Title:** \_\_\_\_\_

**How do you know the applicant?** \_\_\_\_\_

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

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

Does the applicant demonstrate a lifestyle committed to being substance free?  **Yes**  **No** Please explain.

\_\_\_\_\_

Please identify the applicant’s strengths and weaknesses.

\_\_\_\_\_

Do you have any additional comments that may help us evaluate this candidate as a potential staff member?

\_\_\_\_\_

**Yes, I recommend this applicant.**  **No, I do not recommend this applicant.**

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

**Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_