



# Peer Leader Recommendation Form

Worcester State University, Worcester, MA  
Thurs. – Sun. • **August 4-7, 2022**

Peer Leader Name: \_\_\_\_\_

Recommender's 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?

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

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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.

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

Other supportive comments:

Please scan/pic and return this **Confidential Recommendation Form** directly to the HXNE Peer Leader Coordinator **before July 1<sup>st</sup>** - to this email address: [peerleaders@NEDistrict.org](mailto:peerleaders@NEDistrict.org) or mail to: **HXNE Peer Leaders, c/o Patti Lavernoch, 54 Rimmon Hill Road, Beacon Falls, CT 06403**

