

LEADER OPPORTUNITIES REFERENCE FORM

Thank you for taking the time to complete and send in this reference form on behalf of the leader who is applying to attend one of 4-H Alberta's Leader Opportunities. Your feedback on this individual will be invaluable during the selection process. We ask that you answer all questions honestly and accurately to the best of your knowledge. If you would like to provide additional support or clarification in addition to this form, please don't hesitate to contact Alesha Hill at alesha.hill@gov.ab.ca

1 PERSONAL INFORMATION

NAME OF APPLICANT

FIRST

LAST

REFERENCE NAME

FIRST

LAST

PHONE

HOME PHONE NUMBER

CELL PHONE NUMBER

EMAIL

EMAIL ADDRESS

IF THERE ARE FOLLOW-UP QUESTIONS CONCERNING THE APPLICANT WHAT IS YOUR PREFERRED CONTACT METHOD (EMAIL, PHONE) AND TIME OF DAY?

METHOD

TIME OF DAY

I CONFIRM THAT THE INFORMATION BELOW IS TRUE AND CORRECT

SIGNATURE OF REFERENCE

NAME

DATE

2 REFERENCE QUESTIONS

PLEASE ANSWER THE FOLLOWING QUESTIONS AS HONESTLY AND ACCURATELY AS POSSIBLE:

How long have you known this applicant?

YEARS/MONTHS

How well do you know this applicant?

VERY WELL

MODERATELY

MINIMALLY

How would you rate the applicant for each of the following? Please select the rating that best describes the applicant in each category. Select 'Not Observed' (N/O) if you have not had the opportunity to evaluate the characteristic or have no basis for assessment.

	VERY WELL	SOME- WHAT	NOT WELL	NOT OBSERVED
How compatible do you feel this person is with youth 16-20 years of age?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

	VERY WELL	SOME- WHAT	NOT WELL	NOT OBSERVED
Are they a good time manager?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

	VERY WELL	SOME- WHAT	NOT WELL	NOT OBSERVED
Do they mingle well with a variety of people?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

	VERY WELL	SOME- WHAT	NOT WELL	NOT OBSERVED
Would this person ensure proper conduct of member delegates?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

	VERY WELL	SOME- WHAT	NOT WELL	NOT OBSERVED
How well does this person deal with problems they encounter?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

	VERY WELL	SOME- WHAT	NOT WELL	NOT OBSERVED
How well is this person able to add enthusiasm and positivity into day-to-day activities?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Recommendation of applicant (select one):	I HIGHLY RECOMMEND THIS APPLICANT	<input type="checkbox"/>
---	-----------------------------------	--------------------------

I RECOMMEND THIS APPLICANT	<input type="checkbox"/>
----------------------------	--------------------------

I RECOMMEND THIS APPLICANT BUT WITH RESERVATIONS	<input type="checkbox"/>
--	--------------------------

I AM NOT ABLE TO RECOMMEND THIS APPLICANT	<input type="checkbox"/>
---	--------------------------

EMAIL or FAX TO:
EMAIL: alesha.hill@gov.ab.ca
FAX: 780 422 7755